

Bank Account Number

Bank Name.

OIC, Budget Office

No. TSH PRO SE OF

ALOBS No. 3 Amount:

15,600,00

19,800.00

35,400.00







DELIVERY DUE DATE:

04-02-2020

Telephone No.: 045-606-8142/606-8157

Supplier: CHRISTIAN HOME FURNISHING

Address: Brgy. Paraiso, Tarlac City

TIN#:

102-212-152-000

Tel. No.: 985-0220

PR No.: 2019-12-477

PO No.: 2020-107 Date: 2/19/2020

Mode of Procurement: Small Value

Please furnish this office the following articles subject to the terms and conditions contained herein:

Place of Delivery: Date of Delivery:

TARLAC STATE UNIVERSITY

Delivery Term: 30 Calendar Days

Payment Term: N/30

Bute of Belivery.			Tayment Term. 11/30		
Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
2	рс	SWIVEL CHAIR, (Weight Capacity: 100KG; Tilt Lock Mechanism: Tilt Lock Mechanism; 300mm	6	2,600.00	15,600.00
		Chromed Steel Base and PP Casters; Pneumatic Height Adjustment; 360 degrees Swivel Function)			
10	рс	STEEL CABINET, (Light Gray, Dimensions: Height (74cm or 29"); Width (30cm or 15"); and Depth	3	6,600.00	19,800.00
		(67cm or 261/2"), 26-1/2" Depth Cabinet Provide 25 filing inches per drawer, Four Vertical			
		Reinforcement Keep the Cabinet Sturdy and the drawers Gliding Smoothy, Double-Walled Front			
		Kick Plate Stands up to impact, Equipped with a Lock and Key, Thumb Latches Hold Drawers Firmly			
		Shut, Brushed Alumni Label Holder)			35,400.00
		Purpose: urgent needs of offices under SAS at		170	<u>33,400.00</u>
		Student Center Building			

(Total Amount in Words) Thirty Five Thousand Four Hundred Pesos Only

Warranty shall be for a perod minimum of three (3) months for expendable supplies, or a minimum period of one (1) year for non-expendable supplies. In case of failure to make full delivery within the time specified above, a penalty of one-tenth (1/10) of one percentfor every day of delay shall be imposed.

Very truly yours,

DR. GLENARD T. MADRIAGA

VP, Admin. & Finance

ON AUDIT, TSU

Authorized Official

CHRISTIAN HOME FURNISHING

(Signature over printed name & date)

Bank Account Name:

Conforme:

Bank Account Number:

Bank Name:

Bank Address:

Funds Available:

ELENA MAY A. TEOFILO

OH, Budget Office

ALOBS No.:

Amount:

No.: TSU-PRO-SF-09 Revision No. 2

Effectivity Date: October 25, 2019

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