

PURCHASE ORDER

DELIVERY DUE DATE: 10/16/23

Procurement Unit

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

Supplier:	DIOLAZO	PRINTING	PRESS &	GEN.	MDSE.	CORP
Supplier:	DIULAZU	PRINTING	PRESS &	GEN.	MIDSE.	LU

Address : C. Santos St., Tarlac City

Type of Business: Merchandising
TIN No.: 000-540-804-000 VAT Reg.

Tel. No.: (045) 925-0944

PR No.:

2023-09-363

PO No.:

2023-511

Date:

Effectivity Date: August 24, 2020

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10/06/2023

Mode of Procurement:

Small Value

Gentlemen:

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: Payment Term:		10 calendar days n/15	
Item No.	Unit	Description	Quantity	Unit Cost	Total Cost	
5	bundle	CREPE PAPER, Yellow (10pcs/bundle)	1	115.00	115.00	
6	bundle	CREPE PAPER, Blue (10pcs/bundle)	1	115.00	115.00	
7	pcs	CARTOLINA, Bright Yellow	3	12.00	36.00	
8	pcs	CARTOLINA, Blue	3	12.00	36.00	
10	pcs	CARTOLINA, White	3	12.00	36.00	
13	pcs	CELLOPHANE WRAP, Blue	5	16.00	80.00	
14	pcs	CELLOPHANE WRAP, Yellow	5	16.00	80.00	
15	roll	PLASTIC TWINE STRAW, Grey	1	90.00	90.00	
		Purpose: for CPAG: Leadership Training			<u>588.00</u>	

(Total Amount in Words) Five Hundred Eighty-Eight Pesos Only

Form No.: TSU-PRO-SF 09 Revision No. 03

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. GRACE N. ROSETE Vice President for Administration Authorized Official Conforme: DIOLAZO PRINTING PRESS & GEN. MDSE. CORP. (Signature over printed name & date) Bank Account Name: Bank Account Number: Bank Name: Bank Address: Funds Available: ALOBS No. : 02 - 206441 - 2024 - 10 . 7367 JASPER A. YAUDER, CPA Amount: 588 W **Budget Officer**