

## **PURCHASE ORDER**

DELIVERY DUE DATE: 3 - 18 - 23

Procurement Unit

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

Supplier: COPYLANDIA OFFICE SYSTEMS CORPORATION

Address: 252 AB Fernandez Ave., Dagupan City

Type of Business:

Merchandising

TIN No.:

002-332-000-021 VAT Reg.

Tel. No.:

075-5153306 / Fax: 075-5223267 / 0917-6527393

PR No.: 2023-01-012

PO No.: 2023-052

Date: 2/7/2023

Mode of Procurement: Direct Contracting

## Gentlemen:

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

Place of Deliv		TARLAC STATE UNIVERSITY	Delivery Term: Payment Term:		30 calendar days n/15
Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
i	pcs	Spare Parts, Charging Corona Unit	4	2,246.00	8,984.00
2	pc	Spare Parts, Cleaning Unit Belt	2	4,446.00	8,892.00
3	рс	Spare Parts, Fusing Belt  ******************  Purpose: APP 1st Quarter 2023 Print Shop (for office use)  .	1	29,045.00	29,045.00 46,921.00

(Total Amount in Words) Forty Six Thousand Nine Hundred Twenty One 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. GRACE N. ROSETE
Vice President for Administration

COMMISSION ON AUDIT- TISLE

Authorized Official

Conforme:

COPYLANDIA OFFICE SYSTEMS CORPORATION

(Signature over printed name & date)

Bank Account Name:

corplation office systems comp.

Bank Account Number:

0051426442

Bank Name:

LIBY

Bank Address:

MAKATI CITY

ALOBS No.: 01-201512-2013-12-0017

Amount: | 44. an

Funds Available:

JASPER A. YAUDER, CPA



**PURCHASE ORDER** 

DELIVERY DUE DATE: 3-18-17

Procurement Unit

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

Supplier: COPYLANDIA OFFICE SYSTEMS CORPORATION
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Address: 252 AB Fernandez Ave., Dagupan City

Type of Business:

Merchandising

TIN No.:

002-332-000-021 VAT Reg.

Tel. No.:

075-5153306 / Fax: 075-5223267 / 0917-6527393

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Very truly yours,

DR. GRACE N. ROSETE Vice President for Administration

Authorized Official

Conforme:

COPYLANDIA OFFICE SYSTEMS CORPORATION

(Signature over printed name & date)

Bank Account Name:

Bank Account Number:

Form No.: TSU-PRO-SF 09

Bank Name:

Bank Address:

COMMISSION ON AUDIT, TELL

Funds Available:

YAUDER, CPA

Revision No. 03

**Budget Officer** 

ALOBS No.: 02-201512-2023-02-0017

Amount: 1441,921

Effectivity Date: August 24, 2020

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