

PURCHASE ORDER

DELIVERY DUE DATE:

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

| <u>E-GLORIA'S FLOWER</u> | SHOP, PARTY | NEEDS & CATERING |
|--------------------------|-------------|-----------------------------|
|--------------------------|-------------|-----------------------------|

Supplier: **SERVICES**

Address: M.H Del Pilar, Sto. Cristo, Tarlac City

Type of Business: Merchandising

TIN No.: 405-183-384-000 Non-VAT

Tel. No.: 0939-734-8707

PR No.:

2023-05-184

PO No.:

2023-244

Date:

05/25/2023

Mode of Procurement:

Small Value

Gentlemen:

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

| Place of Delivery: TARLAC STATE UNIVERSITY Date of Delivery: | | Delivery Term: Payment Term: | | May 30, 2023 n/15 | |
|---|------|--|----------|----------------------|-----------------|
| Item No. | Unit | Description | Quantity | Unit Cost | Total Cost |
| 1 | pack | BALLOON, Metallic, 10" Violet 10's | 9 | 30.00 | 270.00 |
| 2 | pack | BALLOON, Metallic, 10" Blue 10's | 9 | 30.00 | 270.00 |
| 3 | pack | BALLOON, Metallic, 10" Silver 10's | 10 | 30.00 | 300.00 |
| 4 | pack | BALLOON, Metallic, 10" Black 10's | 9 | 30.00 | 270.00 |
| 5 | pcs | FOIL, Metallic, Violet | 15 | 35.00 | 525.00 |
| 6 | pcs | FOIL, Metallic, Blue, small | 21 | 25.00 | 525.00 |
| 7 | pcs | FOIL, Metallic, Silver, small | 26 | 24.00 | 624.00 |
| 8 | pcs | TAPE, Double Sided, 12mmx10m | 10 | 20.00 | 200.00 |
| | | ************************************** | | | <u>2,984.00</u> |

(Total Amount in Words) Two Thousand Nine Hundred Eighty Four Pesos Only

Warranty shall be for a period 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 percent for every day of delay shall be imposed

Very truly yours,

DR. GRACE N. ROSETE

Vice President for Administration

Authorized Official

| E-GLORIA'S FLOWER SHOP | PARTY NEEDS & | CATERING SERVICES |
|------------------------|---------------|-------------------|
| | | |

(Signature over printed name & date)

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

Bank Account Name:

Bank Account Number:

Bank Name:

Bank Address:

Funds Available:

Budget Officer

ALOBS No. : 02 . 101441 . 2073 - 05 - 1789

Amount:

Effectivity Date: August 24, 2020

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