



PURCHASE ORDER

DELIVERY DUE DATE: 2/15/24

Procurement Unit
Tel. No.: (045) 606-0142/ 606-8157

Supplier: **CHRISTIAN HOME FURNISHING**
Address: **Brgy. Paraiso, Tarlac City**
Type of Business: **Merchandising**
TIN No.: **102-212-152-000**
Tel. No.: **0917-514-8374 / 0923-736-6419 / 0935-889-1052**

PR No.: **2023-10-392**
PO No.: **2024-025**
Date: **01/05/2024**
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** Delivery Term: **30 calendar day**
Date of Delivery: _____ Payment Term: **n/15**

Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
2	pcs	CHAIR , swivel junior executive, ergonomic swivel; mesh backrest	4	3,800.00	15,200.00
3	pcs	CABINET , filing, lateral, 4-drawers; color: beige; plain finish; body (HxWxL): 52.28" x 17.72" x 35.43"	5	13,500.00	67,500.00
4	pcs	CHAIR , swivel executive, high backrest; mesh net with armrest; chrome leg; color: black, ergonomic swivel	1	4,500.00	4,500.00
***** Purpose: Establishment of Aslagan_TBI (DOST Fund)					87,200.00

(Total Amount In Words) Eighty-Seven Thousand Two Hundred 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. GRACEN ROSETE
Vice President for Administration

Authorized Official *[Signature]*

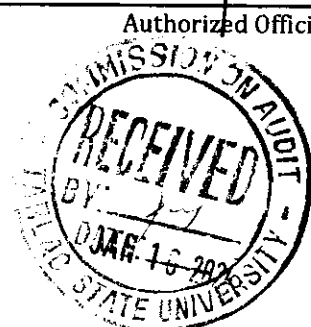
Conforme:

[Signature] 1-16-24

CHRISTIAN HOME FURNISHING

(Signature over printed name & date)

Bank Account Name: _____
Bank Account Number: _____
Bank Name: _____
Bank Address: _____



Funds Available:

[Signature]
JASPER A. YAUDER, CPA
Budget Officer

ALOBS No. **02-70807-2024-01-0009**
Amount: **87,200.00**