



PURCHASE ORDER

DELIVERY DUE DATE: 5/22/24

Procurement Unit

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

Supplier: **LUCKY 2 NON-SPECIALIZED WHOLESALE TRADING**
 Address: **Atlanta St. Niñas Ville, Brgy. Suizo, Tarlac City**
 Type of Business: Merchandising Business
 TIN#: **482-667-684-000 Non-VAT**
 Tel. No.: **0969-475-2805 / 0932-221-0201**

PR No.: **2023-09-343**
 PO No.: **2023-665**
 Date: **12/15/2023**
 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** Delivery Term: 30 Calendar days
 Date of Delivery: _____ Payment Term: n/15

Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
36	unit	ALUMINUM MOLDING CONTAINERS , square pan (length x width x height in inches) 4x4x2, 5x5x2, 6x6x2, 7x7x2, 8x8x2, round cake molder (diameter x height in inches) 4x3, 5x3, 6x3, 7x3, 8x3, oven safe, aluminum alloy	10	700.00	7,000.00
37	set	CONTAINER , airtight container, size: 600m, 130ml, 2000ml	12	500.00	6,000.00
41	pack	FRUITCAKE LOAF BOX , 20pcs/pack, 3 1/2" x 8 1/8" x 2 1/2", ideal for 8" fruitcakes	10	500.00	5,000.00
42	set	GLASS BOTTLE , 500ml glass condiments bottle, feature: color: transparent, material: glass, bottle size: 31.5x5.8cm, capacity: 500ml with shelf	6	1,000.00	6,000.00
43	box	GLASS JARS , 120ml, metal cap, color cap gold, with plastic seal	10	500.00	5,000.00
44	box	GLASS JARS , 220ml, metal cap, color cap gold, with plastic seal	10	500.00	5,000.00
<i>Sub-total</i>					34,000.00

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

Conforme: *[Signature]* 04-22-24

LUCKY 2 NON-SPECIALIZED WHOLESALE TRADING

(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.: *22-Mudal-2024-04-123*
 Amount: _____



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Delivery Term: 30 Calendar days

Date of Delivery:

Payment Term: n/15

Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
		<i>Balance Forwarded:</i>			34,000.00
45	box	GLASS JARS, 350ml, metal cap, color cap gold, with plastic seal	10	700.00	7,000.00
46	pack	PET BOTTLES, pet bottle 1	20	250.00	5,000.00
48	pcs	CLEAR GLASS JAR CONTAINER, glass jar-square, 250ml, metal cap, color cap gold, with plastic seal	150	63.00	9,450.00
49	pcs	CLEAR GLASS JAR CONTAINER, glass jar, 500ml, metal cap, color cap gold, with plastic seal	150	75.00	11,250.00
***** Purpose: to be used in the Project entitled "TSU Signature PaManGan Research Program"					<u>66,700.00</u>

(Total Amount in Words) Sixty-Six Thousand Seven Hundred Pesos Only

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Very truly yours,

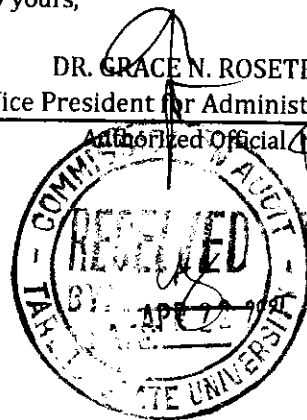
DR. GRACE N. ROSETE
 Vice President for Administration

Conformed: *[Signature]* 04-22-24

LUCKY 2 NON-SPECIALIZED WHOLESALE TRADING

(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.: 02-20441-2024-04-123
 Amount: