



PURCHASE ORDER

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

DELIVERY DUE DATE: Pick-Up / COD

Supplier: **PSYCHOLOGICAL RESOURCES CENTER, INC.**
Address: **Room 2022 FSS Bldg., B9 Scout, Castor Street, Roces Avenue,
Laging Handa District 4, Quezon City**

PR No.: **2024-07-306**

PO No.: **2024-554**

Type of Business: **Merchandising**
TIN No.: **236-655-078-00000 VAT Reg.**
Tel. No.: **0917-794-6779**

Date: **09/04/2024**

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: **Pick-Up**

Date of Delivery:

Payment Term: **COD**

Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
2	set	TEST MATERIALS, 1 Lot (set of 16 Personality Factor, Revised 5th Edition; 1 copy of Manual 25/PKG S & FG, 1 copy of Norms Table; 10/PKG TB, 50/PKG AS) ***** <i>Purpose: for AB Psychology Department</i>	1	17,000.00	17,000.00

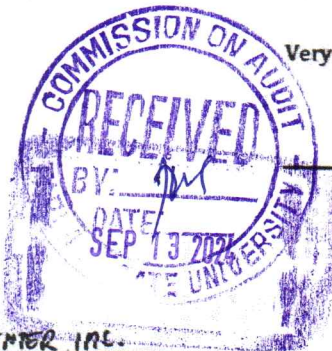
(Total Amount in Words) Seventeen Thousand Pesos Only

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

Conforme:

9/13/24

JEMANIS P. CAMPANILLA
PSYCHOLOGICAL RESOURCES CENTER, INC.
(Signature over printed name & date)



Very truly yours,

DR. ARNOLD E. VELASCO
President

Authorized Official

Bank Account Name: **PSYCHOLOGICAL RESOURCES CENTER, INC.**

Bank Account Number: **0661-0923-51**

Bank Name: **LAND BANK 6. AVENUE BRANCH**

Bank Address: **#60 AGS PLAZA QUEZON AVENUE, QUEZON CITY**

Funds Available:

JASPER A. YAUDER, CPA
Budget Officer

ALOBS No.: **02-206941-2024-09-2169**

Amount: **P17,100**



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Conforme:



Very truly yours,

DR. ARNOLD E. VELASCO
President

Authorized Official

PSYCHOLOGICAL RESOURCES CENTER, INC.

(Signature over printed name & date)

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

Funds Available:

JASPER A. YAUDER, CPA
Budget Officer

ALOBS No. : 92-206441-2024-07-2869
Amount : P 17,000 ~