

PURCHASE ORDER

Procurement Unit Tel No.: (045) 606-0142 DELIVERY DUE DATE: 10 - 20 - 2019

Please furnish this office the following articles subject to the terms and conditions contained herein: Place of Delivery: Place of Delivery: TARLAC STATE UNIVERSITY Delivery Term: Payment Term:	Supplier: Address: TIN No.: Tel. No.:	#7 Atlanta St. Niñas Village Subd., Brgy. Suizo, Tarlac City 176-842-610-000 VAT Reg. 0942-741-4143		PR No.: PO No.: Date: Mode of Procurement:		2019-08-314 2019-577 9/13/2019 Small Value	
Date of Delivery: Payment Term: n/30			office the following articles subject to the terms and co	nditions con	ntained herein		
ANEROID SPHYGMOMANOMETER, Portable, adult type, Baxtel Brand INFRARED THERMOMETER, Non Contact type, I-shield GLUCO STRIP, Blood sugar strips 25pcs/box, One touch Select Simple Purpose: Emergency purchase of equipments for 2019 (Total Amount in Words) Forty Nine Thousand Six hundred Forty Five Pesos Only 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. GLENARPT: MADRIAGA VP. Admin. & Finance Authorized Official ALOBS No.: ALOBS No.: AMOUNT: MARCHANAN Budget Officer IV							
type, Baxtel Brand INFRARED THERMOMETER, Non Contact type, Ishield GLUCO STRIP, Blood sugar strips 25pcs/box, One touch Select Simple Purpose: Emergency purchase of equipments for 2019 (Total Amount in Words) Forty Nine Thousand Six hundred Forty Five Pesos Only 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. GLENARDT. MADRIAGA VP, Admin. & Finance Authorized Official Authorized Official Authorized Official ALOBS No.: AMOUNT: MADRIAGA AM	Item No.	Unit	Description	Quantity	Unit Cost	Total Cost	
Shield GLUCO STRIP, Blood sugar strips 25pcs/box, One touch Select Simple Purpose: Emergency purchase of equipments for 2019 (Total Amount in Words) Forty Nine Thousand Six hundred Forty Five Pesos Only 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. GLENARD T. MADRIAGA VP, Admin. & Finance Authorized Official Communication of the percent of th	1	pcs		10	2,500.00	25,000.00	
Total Amount in Words) Forty Nine Thousand Six hundred Forty Five Pesos Only 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. GLENARD T. MADRIAGA VP, Admin. & Finance Authorized Official RGC MARKETING Senature over printed name & date) Bank Account Number: Bank Account Number: Bank Address: Funds Available: JESUS S. DANGANAN Budget Officer IV ALOBS No.: Amount: AMO	2	pcs		4	1,880.00	7,520.00	
Purpose: Emergency purchase of equipments for 2019 49,645.00	3	box	touch Select Simple	5	3,425.00	17,125.00	
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. GLENARD T. MADRIAGA VP, Admin. & Finance Authorized Official Signature over printed name & date) Bank Account Name: Bank Account Number: Bank Address: Funds Available: IESUS S. DANGANAN Budget Officer IV Banget Officer IV ALOBS No.: Amount: AMOU						49,645.00	
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Funds Available: Second Reserve Part	(Total Amou	int in Words) Forty Nine Thousand Six hundred Forty Five Pesos Only				
RGCMARKETING RGCMARKETING Signature over printed name & date) Bank Account Name: Bank Account Number: Bank Address: Funds Available: ALOBS No.: Amount: Budget Officer IV						e percent	
RGC MARKETING (Signature over printed name & date) Bank Account Name: Bank Account Number: Bank Address: Funds Available: JESUS S. DANGANAN Budget Officer IV Form No. 175H PRO SE 00 Previous No. 04		COLLINGSION ON AUDIT, TSY.					
Bank Account Name: Bank Account Number: Bank Name: Bank Address: Funds Available: JESUS S. DANGANAN Budget Officer IV Form No. TSU PRO SE 00 Participal No. 01	RGCMARI	CETING	120/19 20 SEP 2019		Authorized (Officia	
Bank Name: Bank Address: Funds Available: JESUS S. DANGANAN Budget Officer IV Form No. TSU PRO SE 00 Participal No. 01			ame & date)				
Funds Available: ALOBS No.: Budget Officer IV Amount:	Bank Accoun	t Number:		-			
JESUS S. DANGANAN Budget Officer IV Form No. TSU PRO SE 00 Profession No. 01		S:				No.	
Form No.: TSU-PRO-SF 09 Revision No. 01 Effectivity Date: March 1, 2017 Page 1 of 1	Funds Availa	JESUS S				of perted	
	Form No.: TSU	-PRO-SF 09	Revision No. 01	Effectivity Da	te : March 1, 2017	Page 1 of 1	