

PURCHASE ORDER



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

DELIVERY DUE DATE: 11/20/21

Supplier: **PRE-AN'S ENTERPRISES**
Address: 247 Aquino Street, Corner Del Pilar Street, Davsan Subdivision
Type of Business: Merchandising Business
TIN#: 102-691-480-000
Tel. No.: 0922-886-9139

PR No.: 2021-06-152
PO No.: 2021-310
Date: 9/16/2021
Mode of Procurement: Small Value

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: 30 Calendar days
Payment Term: N/30

Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
1	unit	EXTRA ORAL HIGH VOLUME EVACUATOR Specification: strong turbine brushes suction motor high suction performance thus low noise wide-mouth suction hood high surface area for filtration freely movable arm compact, flexible design with simple operation quiet operation medical grade UV sterilisation additional filters available for purchase comes with 2 interchangeable suction cups/nozzles of different size/shape ***** Purpose: dental equipment (APP 2021)	1	56,000.00	56,000.00

(Total Amount in Words) Fifty Sixty 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.

Very truly yours,

DR. ARMEEN ROSEL
VP, Research and Extension Services
Authorized Official

Conforms:
Irma C. Cruz 10/21/2021
IRMA C. CRUZ

PRE-AN'S ENTERPRISES

(Signature over printed name & date)

Bank Account Name: **PRE-AN'S ENTERPRISES**
Bank Account Number: **0081-1634-48**
Bank Name: **LANDBANK**
Bank Address: **CITY OF SAN FERNANDO, PAMPANGA**



Funds Available:
[Signature]
RYAN R. RONOUILLO
OIC, Budget Office

ALOBS No.: W-20001-2021-10-0029
Amount: ₱56,000

No.: TSU-PRO-SF-09

Revision No. 3

Effectivity Date: August 24, 2020

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PURCHASE ORDER

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Very truly yours,


DR. ARMEE N. ROSEL
VP, Research and Extension Services
Authorized Official 


Conforme:

PRE-AN'S ENTERPRISES

(Signature over printed name & date)

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



Funds Available:

RYAN R. RONQUILLO
OIC, Budget Office

ALOBS No. : 06-206441-2021-10-0029
Amount : P56,000