



PURCHASE ORDER

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

DELIVERY DUE DATE: 01/18/24

Supplier : **MAGS MASTER ENTERPRISES INC.**
Address : **Mac Arthur Highway Estrada, Capas, Tarlac**
Type of Business : **Merchandising**
TIN No. : **605-613-315-00000 VAT Reg.**
Tel. No. : **0933-855-3313**

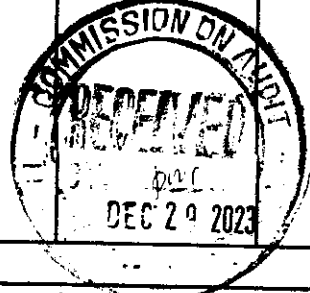
PR No.: **2023-11-454**
PO No.: **2023-666**
Date: **12/15/2023**
Mode of Procurement: **Small Value**

Gentlemen:
Please furnish this office the following articles subject to the terms and conditions contained herein:

Place of Delivery: **TARLAC STATE UNIVERSITY**
Date of Delivery:

Delivery Term: **20 calendar days**
Payment Term: **n/15**

Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
1	piece	TIRES, 195/70 15C with mounting balancing, nexen	4	6,350.00	25,400.00
4	piece	FOG LIGHT BULB ***** <i>Purpose: for Maintenance Service of Foton Ambulance SAA-2270</i>	2	150.00	300.00
					25,700.00



(Total Amount in Words) Twenty-Five Thousand Seven 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

Copforme: 12/29/23
Carol Illescas

Very truly yours

DR. GRACE N. ROSETE
Vice President for Administration
Authorized Official

MAGS MASTER ENTERPRISES INC.
(Signature over printed name & date)
Bank Account Name: **Mags Master Enterprises Inc**
Bank Account Number: **00 52 973 855 00**
Bank Name: **Development Bank of the Philippines**
Bank Address: **San Roque, Tarlac**

Funds Available:

JASPER A. KAUDER, CPA
Budget Officer

ALOBS No. : **02-76441-2022-12-705**
Amount : **25,700.00**



PURCHASE ORDER

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

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Address : Mac Arthur Highway Estrada, Capas, Tarlac
Type of Business : Merchandising
TIN No. : 605-613-315-00000 VAT Reg.
Tel. No. : 0933-855-3313

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Very truly yours,
[Signature] 12/15/23
DR. GRACE N. ROSETE
Vice President for Administration
Authorized Official *[Signature]*

Conforme:

MAGS MASTER ENTERPRISES INC.

(Signature over printed name & date)
Bank Account Name: _____
Bank Account Number: _____
Bank Name: _____
Bank Address: _____

Funds Available:
[Signature]
JASPER A. VAUDER, CPA
Budget Officer

ALOBS No. : 02-70441-2023-12-705
Amount: 25,711.00