



# PURCHASE ORDER

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

**DELIVERY DUE DATE:** ~~3/31/21~~ 5/16/21

Supplier : **ROBINSONS HANDYMAN, INC.**  
Address : Upper Ground Floor, Magic Star Mall, Tarlac City  
Type of Business : Merchandising  
TIN No. : 003-888-229-011 VAT Reg.  
Tel. No. : 0943-2828700

PR No.: 2021-03-061  
PO No.: 2021-125  
Date: 3/31/2021  
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: 30 calendar days  
Payment Term: COD

| Item No.  | Unit | Description  | Quantity | Unit Cost | Total Cost              |
|---|------|--|----------|-----------|-------------------------|
| 6   | pcs  | <b>STORAGE BOX</b> , Rectangular box with cover, stackable, high durable, 20L. | 20       | 229.75    | 4,595.00                |
| 7   | pcs  | <b>STORAGE BOX</b> , Rectangular box with cover, stackable, high durable, 34L. | 20       | 299.75    | 5,995.00                |
| 8   | pcs  | <b>STORAGE BOX</b> , Rectangular box with cover, stackable, high durable, 50L. | 20       | 380.00    | 7,600.00                |
| *****<br>Purpose: For Hotel use - PPMP 2021 1st Qtr |      |  |          |           | <b><u>18,190.00</u></b> |

(Total Amount in Words) Eighteen Thousand One Hundred Ninety 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: *for Yalang 4/16/21*  
*Katherine Lorel Joyce Mangrove*  
**ROBINSONS HANDYMAN, INC.**  
(Signature over printed name & date)

Very truly yours,  
*OR*  
**DR. ARMEE N. ROSEL**  
VP, Research & Extension Services  
Authorized Official  
*OR*



Bank Account Name: \_\_\_\_\_  
Bank Account Number: \_\_\_\_\_  
Bank Name: \_\_\_\_\_  
Bank Address: \_\_\_\_\_

Funds Available:  
*Elena M. TEOFILO*  
Head Budget Office  
*all noted 4/21/21*

ALOBS No. : 02-206441-2021-04-0965  
Amount : P18,190