



PURCHASE ORDER

DELIVERY DUE DATE: 9/25/2020

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

Supplier: **TEKOGRAFIX**
Address: #2 Champaca St., San Vicente, Tarlac City
TIN#: 272-024-401-000 Non-VAT
Tel. No.: 9124360915/045-682-4039/0923-090-1291
Contact Person: Franchezzka L. Silva

PR No.: 2020-07-140
PO No.: 2020-288
Date: 8/20/2020
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	set	ACRYLIC COUNTER, 6ft. x 2 ft. x 4.5mm	4	5,000.00	20,000.00
2	set	ACRYLIC COUNTER, 5ft. x 2 ft. x 3mm	25	3,500.00	87,500.00
3	set	ACRYLIC COUNTER, 4ft. x 2 ft. x 3mm	6	2,900.00	17,400.00
					124,900.00
Purpose: equipment for covid-19 prevention: infectious droplets from cough and sneezes					

(Total Amount in Words) One Hundred Twenty Four Thousand Nine 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.

Very truly yours,

DR. GLENARD T. MADRIAGA
VP, Admin. & Finance
Authorized Official

Conforme: *Franchezzka L. Silva* / August 26, 2020

TEKOGRAFIX
(Signature over printed name & date)

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

COMMISSION ON AUDIT - TSU
RECEIVED
By: *[Signature]* Date: **26 AUG 2020**

Funds Available:
ELENA CAT T. TEOFILO
Head, Budget Office

ALOBS No. :
Amount :

[Handwritten signature]



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Conforme:

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(Signature over printed name & date)

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



Funds Available:

ELENA MAY T. TEOFILO
 Head, Budget Office

ALOBS No. :
 Amount :