



PURCHASE ORDER

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

DELIVERY DUE DATE: Pick-up / COD

Supplier : **IADE BOOK STORE**
Address : G/F 526-528 United Nations Avenue, Brgy. 670 Zone 072, Ermita Manila 1000
Type of Business : Merchandising
TIN No. : 133-712-275-000 VAT Reg.
Tel. No. : 0922-854-1750

PR No.: 2024-10-399
PO No.: 2024-677
Date: 10/29/2024
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: Pick-Up
Payment Term: COD

Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
1	piece	NURSING NIGHTINGALE BUST, (male) customized, fiber glass	75	250.00	18,750.00
2	piece	NURSING NIGHTINGALE BUST, (female) customized, fiber glass	185	250.00	46,250.00
3	piece	NURSING PIN, customized, w/Caduceus	255	275.00	70,125.00
4	piece	NURSING LAMP, with candle/ribbon, Fiber glass	255	250.00	63,750.00
5	piece	NURSING CAP, size: 7.5 x 12.5 x 6 inches	185	195.00	36,075.00
6	piece	NURSING CAP, case with school logo	185	220.00	40,700.00
7	piece	NURSING CAP PIN, customized	185	180.00	33,300.00
8	piece	NAMEPLATE, anodized US pin	250	200.00	50,000.00
9	piece	MOTHER LAMP, customized, fiber glass	1	4,500.00	4,500.00
					<u>363,450.00</u>

Purpose: for Capping, Pinning of Nursing Students on November 5, 2024

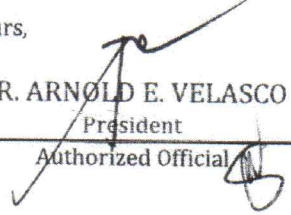
(Total Amount in Words) Three Hundred Sixty-Three Thousand Four Hundred Fifty Pesos Only

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:  10/30/24



Very truly yours,

DR. ARNOLD E. VELASCO
President
Authorized Official 

IADE BOOK STORE

(Signature over printed name & date)

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

Funds Available:


JASPER A. YAUDER, CPA
Budget Officer

ALOPS No. : 12-206441-2024-10-2467
Amount: ₱ 363,450.00



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President
Authorized Official

IADE BOOK STORE

(Signature over printed name & date)

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

Funds Available:

IASPER A. YAUDER, CPA
Budget Officer

ALOBS No. : 02-206441-2024-10-399
Amount : ₱ 363,450