



PURCHASE ORDER

Procurement Unit
Tel. No.: (045) 606-0142 / 606-8157

DELIVERY DUE DATE: 8/13/2022

Supplier: **CHRISTIAN HOME FURNISHING**

Address: **Brgy. Paraiso, Tarlac City**

Type of Business: **Merchandising**

TIN No.: **102-212-152-000**

Tei. No.: **985-0220**

PR No.: **2022-05-117**

PO No.: **2022-300**

Date: **7/6/2022**

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: **n/15**

Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
1	unit	WATER DISPENSER, free standing, hot & cold, compressor type cooling, with mini storage cabinet, Extreme brand, Power: 200V-240/50-60Hz, N.W. 11kg, G.W: 12kg, Size: 320x330x868, Hot water Temp: 88°C-90°C 5L/h, Cold water Temp: 60°C-10°C 2.5L/h, Compressor Gas: R134a <i>Purpose: for office use, PPMP 2022 modified</i>	1	6,150.00	6,150.00

(Total Amount in Words) **Six Thousand One 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

Very truly yours,

DR. GRACEN ROSETE
Vice President for Administration
Authorized Official

Conforme: *for Jeanny Vergara* 7-14-22

CHRISTIAN HOME FURNISHING

(Signature over printed name & date)

Bank Account Name: **Christian Home Furnishing**

Bank Account Number: **0561-028244-002**

Bank Name: **Security Bank**

Bank Address: **Intellect Bldg. McArthur Highway, San Sebastian, Tarlac City**

COMMISSION ON AUDIT - TSU
RECEIVED
By: _____ Date: **JUL 19 2022**

Funds Available:

IASPER A. VAUDER, CPA
Budget Officer

ALOBS No.: **02-101101-22-07-0019**
Amount: **₱ 6,150**



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Very truly yours,

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

Conforme:

CHRISTIAN HOME FURNISHING

(Signature over printed name & date)

Bank Account Name: _____

Bank Account Number: _____

Bank Name: _____

Bank Address: _____

COMMISSION ON AUDIT - TSU
RECEIVED

By: _____ Date: JUL 15 2022

Funds Available:

JASPER A. YAUDER, CPA
Budget Officer

ALOBS No.: 02-101101-22-07-8A15
Amount: 6,150.00

Effectivity Date: August 24, 2020

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Form No.: TSU-PRO-SF 09

Revision No. 03