



PURCHASE ORDER

DELIVERY DUE DATE: 04/2/23

Procurement Unit

Tel No.: (045) 606-8142/ 606-8157

Supplier : AZITSOROG, INC.
 Address : 103 Gloria St. Corner Ortigas Avenue Extension
Marick Subdivision, Cainta Rizal
 Type of Business : Merchandising
 TIN No. : 215-398-290-000 VAT Reg.
 Tel. No. : 0917-516-2251/0917-676-3907/(02) 8404-4834/4187

PR No.: 2023-01-024
 PO No.: 2023-089
 Date: 3/2/2023
 Mode of Procurement: Shopping

Gentlemen:

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

Place of Delivery: TARLAC STATE UNIVERSITY Delivery Term: 30 calendar days
 Date of Delivery: _____ Payment Term: N/15

Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
1	roll	RETRANSFER FILM , High-definition, 1000counts per roll one sided, 500 cards per roll	10	8,000.00	80,000.00
2	roll	RIBBON , only for edisecure printer XID 8300, YMCK High-definition Ribbon, 1000 prints per roll only Warranty: Three (3) Months ***** Purpose: APP - 1st qtr for 2023 Digital Studio (for office use)	10	31,355.00	313,550.00
					<u>393,550.00</u>

(Total Amount in Words) Three Hundred Ninety Three Thousand Five 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. GRACE N. ROSETE

Vice President for Administration

Authorized Official

MAR 03 2023

Conforme:

Jasper A. Yauder
JASPER A. YAUDER 3/3/23

AZITSOROG, INC.

(Signature over printed name & date)

Bank Account Name: AZITSOROG INC.
 Bank Account Number: 1090-0003-0928
 Bank Name: BANCO DE ORO
 Bank Address: REGALADO AVE., B-C.

COMMISSION ON AUDIT, TSU

RECEIVED

MAR 03 2023

Funds Available:

Jasper A. Yauder
JASPER A. YAUDER, CPA
 Budget Officer

ALOBS No. : 12-209512-2023-03-0027

Amount: P 393,550



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Conforme:

AZITSOROG, INC.

(Signature over printed name & date)

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

Funds Available:

JASPER A. YAUDER, CPA
 Budget Officer

Very truly yours,
 DR. GRACE N. ROSETE
 Vice President for Administration
 Authorized Official
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