



# PURCHASE ORDER

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

**DELIVERY DUE DATE:** 10/29/22

Supplier : **MAGIC STAR SUPERMARKET**  
Address : Cut Cut 1st, Tarlac City  
Type of Business : Merchandising  
TIN No. : 206-818-612-000 VAT Reg.  
Tel. No. : (045) 628-4290

PR No.: 2022-07-175  
PO No.: 2022-424  
Date: 9/22/2022  
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
41	kg	<del>White Onions, 1kg</del>	<del>3</del>	<del>150.00</del>	<del>450.00</del> <del>48</del>
12	kg	<del>Garlic, whole, 1kg</del>	<del>3</del>	<del>140.00</del>	<del>420.00</del> <del>48</del>
		***** <i>Purpose: for DOST Community Empowerment through Science and Technology (GEST) Extension Project in San Clemente, Mayantoc, San jose, and Bamban Thru Dr. Brendalyn A. Manzano.</i>			<del>870.00</del> <del>48</del> <u>420.00</u>

(Total Amount in Words) Eight Hundred SeventyPesosOnly

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,

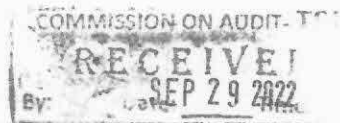
*[Signature]*  
DR. GRACE N. ROSETE  
Vice President for Administration  
Authorized Official *[Signature]*

Conforme: *[Signature]*  
NINA ANI CANLONAN

**MAGIC STAR SUPERMARKET**

(Signature over printed name & date)

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



Funds Available:  
*[Signature]*  
**JASPER A. YAUDER, CPA**  
Budget Officer

ALOBS No. : 02-008603-1077-09-  
Amount : 870-