



# PURCHASE ORDER

**DELIVERY DUE DATE:** 10/14/23

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

Supplier : <b>GREGMAN'S GENERAL MERCHANDISE</b>	PR No.: <u>2023-08-301</u>
Address : <u>Zamora St., San Roque, Tarlac City</u>	PO No.: <u>2023-438</u>
Type of Business : <u>Merchandising</u>	Date: <u>09/12/2023</u>
TIN No. : <u>157-742-805-000 VAT Reg.</u>	Mode of Procurement: <u>Small Value</u>
Tel. No. : <u>0969-503-1228 / 0909-436-5518</u>	

Gentlemen:

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

Place of Delivery: <b>TARLAC STATE UNIVERSITY</b>	Delivery Term: <u>30 calendar days</u>
Date of Delivery:	Payment Term: <u>n/15</u>

Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
1	unit	<b>DRY SEAL, (Medical, Dental and Safety Office)</b> ***** <i>Purpose: request for UHS (Medical, Dental and Safety use)</i>	5	3,000.00	<b><u>15,000.00</u></b>

(Total Amount in Words) Fifteen Thousand 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

Conforme:

*[Signature]* 9/14/23

**GREGMAN'S GENERAL MERCHANDISE**

(Signature over printed name & date)

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



Funds Available:

**JASPER A. YAUDER, CPA**  
 Budget Officer

ALOBS No. : 02-102101-2023-09-0680  
 Amount : ₱ 15,000-