



PURCHASE ORDER

Procurement Unit

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

DELIVERY DUE DATE: 3/23/24

Supplier: **COPYLANDIA OFFICE SYSTEMS CORPORATION**
 Address: **252 AB Fernandez Ave., Dagupan City**
 Type of Business: **Merchandising**
 TIN No.: **002-332-000-021 VAT Reg.**
 Tel. No.: **075-5153306 / Fax: 075-5223267 / 0917-6527393**

PR No.: **2024-01-015**
 PO No.: **2024-126**
 Date: **2/20/2024**
 Mode of Procurement: **Direct Contracting**

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	cartridge	TONER, TN516 (for 558e) <i>Purpose: Direct Copier Consumables - APP 1st Quarter 2024</i>	16	6,500.00	104,000.00



(Total Amount in Words) One Hundred Four 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 NIROSETE
 Vice President for Administration
 Authorized Official

Conforme:

02-20-24
[Signature]

COPYLANDIA OFFICE SYSTEMS CORPORATION

(Signature over printed name & date)

Bank Account Name: **COPYLANDIA OFFICE SYSTEMS CORP.**
 Bank Account Number: **0051426452**
 Bank Name: **LSP**
 Bank Address: **MAKATI CITY**

Funds Available:

[Signature]
IASPER A. YAUDER, CPA
 Budget Officer

ALOBS No.: **02-102101-2024-02-00694**
 Amount:



PURCHASE ORDER

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

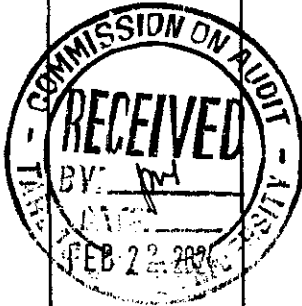
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Very truly yours,
DR. GRACE ROSETE
Vice President for Administration
Authorized Official *[Signature]*

Conforme:
COPYLANDIA OFFICE SYSTEMS CORPORATION
(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.: **02-102101-2024-02-0094**
Amount: