



PURCHASE ORDER

Procurement Unit

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

DELIVERY DUE DATE: 1/24/24

Supplier: **HIGH VISION GENERAL MERCHANDISING CORP.**

Address: **Tarlac City**

Type of Business: **Merchandising Business**

TIN#: **605-160-668-0000 VAT Reg.**

Tel. No.: **0947-768-2043 / 0917-132-3245**

PR No.: **2023-10-448**

PO No.: **2023-684**

Date: **12/20/2023**

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**

Delivery Term: **15 Calendar days**

Date of Delivery:

Payment Term: **n/15**

Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
1	unit	STORAGE BOX, Resins plastic; high impact resistant; 155L capacity; 6 spinners; strap lock; measurements (cm) :L80.0xW59.0xH51.0 <i>Purpose: Establishment of DOST-TSU Aslagan</i>	3	1,100.00	3,300.00

(Total Amount in Words) Three Thousand Three Hundred 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:

HIGH VISION GENERAL MERCHANDISING CORP.

(Signature over printed name & date)

01-09-24

Bank Account Name:

Bank Account Number:

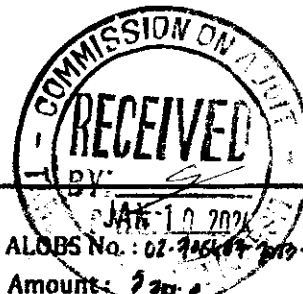
Bank Name:

Bank Address:

Funds Available:

JASPER A. YAUDER, CPA
Budget Officer

DEC 28 2023



ALOPS No.: 02-2023-0000-11-0373
Amount: 3,300.00



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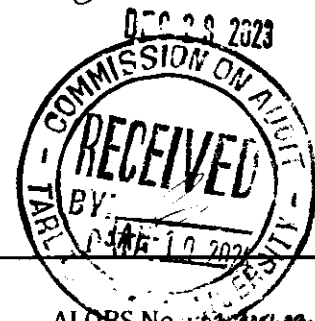
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Bank Address: _____

Funds Available:

IASPER A. YAUDER, CPA

Budget Officer



ALOBS No.: 02-706609-773-12-0273

Amount: 3,300.00