



PURCHASE ORDER

Procurement Unit

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

DELIVERY DUE DATE: Pick-Up/COD

Supplier : **ALPHA DIGIZONE MARKETING**
 Address : #2702 Taft Ave St, Barangay 097, Pasay City, Metro Manila
 Type of Business : Merchandising
 TIN No. : 237-156-457-000 VAT Reg
 Tel. No. : 0908-811-9259

PR No.: 2024-07-297
 PO No.: 2024-572
 Date: 9/12/2024
 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: Pick-Up
 Date of Delivery: _____ Payment Term: COD

Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
1	unit	CAMERA, Canon EOS R100 with 18-45mm STM Kit + Benro TSLO8AS2CSH Slim Tripod Kit with S2CSH Head (Aluminum) Key Features: 24.2MP APS-C CMOS Sensor DIGIC 8 Image Processor 4K 24P Video with Crop, Full HD 60p Dual Pixel CMOS AF with 143 AF Zones 6.5 fps Electronic Shutter 2.36m-Dot OLED EVF 3" 1.04m-Dot LCD Screen Wi-Fi and Bluetooth with SD Card slot RF-S 18-45mm f/4.5-6.3 IS STM Lens Warranty: 1 Year warranty ***** Purpose: for establishment of DOST-TSU Aslagan TBI (Charge to DOST fund)	1	48,000.00	48,000.00

(Total Amount in Words) Forty Eight 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. ARNOLD E. VELASCO

President

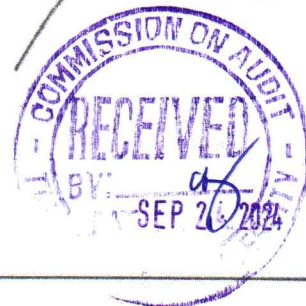
Authorized Official

Conforme: 09/24/2024

ALPHA DIGIZONE MARKETING

(Signature over printed name & date)

Bank Account Name: ALPHA DIGIZONE MARKETING
 Bank Account Number: 0000-6054-0222
 Bank Name: BDO
 Bank Address: LIBERTAD PASAY CITY



Funds Available:

[Signature]
IASPER A. YAUDER, CPA
 Budget Officer

ALOBS No.: 02-776403-7024-09-0189
 Amount: 48,000.00



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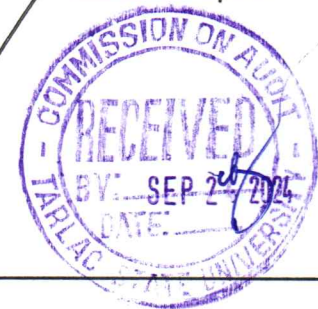
DR. ARNOLD E. VELASCO
President
Authorized Official

Conforme:

ALPHA DIGIZONE MARKETING

(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.: 02-304403-2024-09-0101
Amount: 48,000.00