

Four

March 8, 2019

MR. RICO G. TOMAS
Chairperson, Bids and Awards Committee
TARLAC STATE UNIVERSITY



PURCHASE ORDER

DELIVERY DUE DATE: **4/11/19**

Procurement Unit
Telephone No.: 045-992-4640

Supplier: INFOWORK INC.	PR No.: 2019-02-068
Address: Mc Arthur Highway, San Roque, Tarlac City	PD No.: 2019-159
TIN#: 004-845-988-005 VAT Reg.	Date: 3/20/2019
Tel. No.: (045)491-2383	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/30

Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
1	unit	LICENSED WINDOWS 10 OPERATING SYSTEM INSTALLER, Microsoft FQC-08929 Win Pro 10 64Bit Eng Intl 1pk 1 Year Warranty ----- Purpose: For FDMO use	8	8,000.00	70,400.00

(Total Amount in Words) Seventy Thousand Four Hundred Pesos Only
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. GLENARD T. MARIAGA
VP, Admin. & Finance
Authorized Official

Conforme: *[Signature]*
MARLEN V. ANSITA
3-27-18

INFOWORK INC.
(Signature over printed name & date)
Bank Account Name: _____
Bank Account Number: _____
Bank Name: _____
Bank Address: _____

Funds Available: *[Signature]*
JESUS S. DANGANAN
Budget Officer-IV

ALOBS No.:
Amount:

COMMISSION ON AUDIT- TSU
RECEIVED

By: *[Signature]* Date: _____ Time: _____
29 MAR 2019

ok posted
3/29/19



PURCHASE ORDER

DELIVERY DUE DATE:

4/11/19

Procurement Unit
Telefax No.: 045-982-4630

Supplier : **INFOWORX INC.**
Address : Mc Arthur Highway, San Roque, Tarlac City
TIN#: 004-845-988-005 VAT Reg.
Tel. No. : (045) 491-2383

PR No.: 2019-02-068
PO No.: 2019-159
Date: 3/20/2019
Mode of Procurement: Small Value

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DR. GLENARD T. MARIAGA
VP, Admin. & Finance
Authorized Official

Conforme:

COMMISSION ON AUDIT-TSU
RECEIVED
By: AS Date: _____ Time: _____

29 MAR 2019

INFOWORX INC.

(Signature over printed name & date)

Bank Account Name: _____
Bank Account Number: _____
Bank Name: _____
Bank Address: _____

Funds Available:

JESUS S. DANGANAN
Budget Officer IV

ALOBS No. :
Amount :