

PURCHASE ORDER

DELIVERY DUE DATE: 4/10/2022



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

Supplier: **UNIQUE CARE MEDICAL SUPPLIES TRADING**
Address: 92 T. Alonzo St., Baguio City
Type of Business: Merchandising Business
TIN#: 490-663-673-000 Non-VAT
Tel. No.: 074-620-6038/0933-942-7800

PR No.: 2022-11-269
PO No.: 2022-083
Date: 2/16/2022
Mode of Procurement: Small Value

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

Place of Delivery: **TARLAC STATE UNIVERSITY**
Date of Delivery: _____

Delivery Term: 30 Calendar days
Payment Term: N/30

Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
9	PCS	WORKING TABLE, stainless steel, 100 X 80 with shelf 36" X 96" X 20"	3	30,000.00	90,000.00
10	PCS	SINK TABLE, Overall Dimensions (L x W x H) - 72" x 30" x 36" Bowl Size- 20" x 15" ***** Purpose: to be used in the ECONOMIC DEVELOPMENT/LIVELIHOOD OPPORTUNITIES for the DOST Community Empowerment through Science and Technology (CEST) Extension Project in San Clemente, Mayantoc, Bamban, San Jose of Dr. Brendalyn A. Manzano as the Lead-Researcher	3	15,000.00	45,000.00
					135,000.00

(Total Amount in Words) One Hundred Thirty-Five 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,

[Signature]
DR. ARMEEN N. ROSEL
VP, Research and Extension Services
Authorized Official

Conformer: *[Signature]* ANNE MARIE J. RODRIGUEZ / 03/11/22

UNIQUE CARE MEDICAL SUPPLIES TRADING
(Signature over printed name & date)

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

COMMISSION ON AUDIT - TSU
RECEIVED
By: *[Signature]* Date: MAR 11, 2022

Funds Available:
[Signature]
JASPER A. YAUDER, CPA
Budget Officer

ALOBS No.: 11-30169-001-11-0032
Amount: ₱ 135,000

No.: TSU-PRO-SF-09

Revision No. 3

Effectivity Date: August 24, 2020

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AR
DR. ARMEE N. ROSEL

VP, Research and Extension Services

Authorized Official *AR*

Conforme:

UNIQUE CARE MEDICAL SUPPLIES TRADING

(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. : 02-308603- 2022- 02-0032

Amount : ₱ 135,000



No.: TSU-PRO-SF-09

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