



PURCHASE ORDER

DELIVERY DUE DATE: *Pick-up/COD*

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

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.: **2023-10-443**
PO No.: **2023-677**
Date: **12/19/2023**
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: **Pick-Up**

Date of Delivery:

Payment Term: **COD**

Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
1	unit	MIRRORLESS CAMERA, Sony A6400 Mirrorless Camera, Key features: 24.2MP APS-C Exmor CMOS Sensor BIONZ X Image Processor Real Time Eye AF & Real time Tracking XGA Tru-Finder 2.36m-Dot OLED EVF 3.0" 921.6k-Dot 180° Tilting Touchscreen Internal UHD 4K Video, S-Log3, and HLG S&Q Motion in Full HD from 1-120 fps Built-In Wi-Fi with NFC 425 Phase & Contrast-Detect AF Points Up to 11 fps Shooting and ISO 102400 Warranty: 1 year ***** <i>Purpose: to be used in documenting the University's activities and events</i>	1	60,000.00	60,000.00



[Total Amount in Words] Sixty 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.

Conforme:

[Signature] 12/29/23

MARK LESTER A. BOLOS/ SALES ADMIN
ALPHA DIGIZONE MARKETING

(Signature over printed name & date)

Bank Account Name: **ALPHA DIGIZONE MARKETING**
Bank Account Number: **0000-6054-0222**
Bank Name: **BANCO DE ORO**
Bank Address: **COLAYCO CORNER LIBERTAD PASAY CITY**

Very truly yours,

DR. GRACE N. ROSETE
Vice President for Administration
Authorized Official

DEC 29 2023

Funds Available:

JASPER A. YAUDER, CPA
Budget Officer

ALOBS No.: *Dr. Mada-2023-01-01-00*
Amount: *60,000.00*



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DR. GRACE N. ROSETE
Vice President for Administration

Authorized Official

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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. : *06-MWD-2023-12-0240*
Amount : *60,000.00*