



PURCHASE ORDER

DELIVERY DUE DATE: Weekly

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

Supplier : **PYP AGRO-INDUSTRIES, INC.**
Address : 1000 Panganiban St., Tarlac City
Type of Business : Manufacturing
TIN # 000-540-804-000 VAT REG.
Tel. No. : 982 - 1289/1228

PR No.: 2022-01-003
PO No.: 2022-188
Date: 4/22/2022
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**
Date of Delivery:

Delivery Term: Weekly
Payment Term: Monthly

Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
1	bottle	Purified Drinking Water (5 gal/bottle) ***** Purpose: for TSU Hotel consumption for the Month of May 2022 Terms & Conditions : 1. Provide hot & cold dispensing units w/o any rental fee or charge 2. Lend New water containers with their caps on and in good condition 3. Responsible for the cleaning of all dispensers on a monthly basis 4. Responsible for maintenance and repair of all dispensers 5. Consumption of Purified drinking water for the Period of January 1, 2022 to December 31, 2022 6. With the following Certificates and Permits a. License to Operate as to bottled drinking water processor b. Physio-Chemical Test Certificate c. Microbiological Test Certificate d. Report on Bacteriologic Analysis Water e. Mayor's Permit f. Sanitary Permit to Operation	70	27.50	<u>1,925.00</u>

(Total Amount in Words) One Thousand Nine Hundred Twenty Five 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. ARMEE N. ROSEL
VP, Research & Extension Services
Authorized Official

Conforme:

PYP AGRO-INDUSTRIES, INC.

(Signature over printed name & date)

Bank Account Name: _____

Bank Account Number: _____

Bank Name: _____

Bank Address: _____

Funds Available: _____

JASPER A. YAUDER, CPA

Budget Officer

COMMISSION ON AUDIT - TSU
RECEIVED
By: _____ Date: APR 27 2022

ALOBS No. :
Amount :

in noted 4/22/2022

Effectivity Date: August 24, 2020

Page 1 of 1

No.: TSU-PRO-SF-09

Revision No. 03