



PURCHASE ORDER

DELIVERY DUE DATE: 10/6/22

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

Supplier : **ELIZ'S GARMENTS**
Address : 4247 - A Pascual Ave., Gate III San Sebastian, Tarlac City
Type of Business : Manufacturing
TIN #: 177-228-554-000 VAT Reg.
Tel. No. : 0920 - 902-9100

PR No.: 2022-06-154
PO No.: 2022-375
Date: 08/24/2022
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: 30 Calendar days
Payment Term: N/30

Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
1	pcs	Souvenir Polo Shirt(short Sleeve) , Lacoste (honeycombed)color:Dafodill w/ TSU logo , color: Midnight Blue for the collar, size : S-10, M-30, L-44, XL -10, 2XL-3, 3XL-2, 5XL-1	100	235.00	23,500.00
2	pcs	Souvenir Polo Shirt(short Sleeve) , Lacoste (honeycombed)color: Pine w/ TSU logo , color: Dark Gray for the collAr, size : S-10, M-30, L-44, XL -10, 2XL-3, 3XL-2, 5XL-1	100	235.00	23,500.00
3	pcs	Souvenir Polo Shirt(short Sleeve) , Lacoste (honeycombed)color: Matt Berry w/ TSU logo , color: Dark Gray for the collAr, size : S-10, M-30, L-44, XL -10, 2XL-3, 3XL-2, 5XL-1	100	235.00	23,500.00
4	pcs	Souvenir Polo Shirt(short Sleeve) , Lacoste (honeycombed)color: Blue Green w/ TSU logo , color: Gray for the collAr, size : S-10, M-30, L-44, XL -10, 2XL-3, 3XL-2, 5XL-1	100	235.00	23,500.00
5	pcs	Souvenir Polo Shirt(short Sleeve) Lacoste (honeycombed)color: Black w/ TSU logo, Color: White w/ back print, silksceen White Color: SECURITY, size : S-1, M-12, L-14, XL -22, 2XL-12, 3XL-3 ***** <i>Purpose: For APP 3RD QTR</i>	64	245.00	15,680.00
					109,680.00

(Total Amount in Words) One Hundred Nine Thousand Six Hundred Eighty 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. GRACE N. ROSETE
Vice President for Administration
Authorized Official

Conforme:

M. Tomas 09/06/22

ELIZ'S GARMENTS

(Signature over printed name & date)

Bank Account Name: _____

Bank Account Number: _____

Bank Name: _____

Bank Address: _____

Funds Available:

JASPER A. YAUDER, CPA
Budget Office

ALOBS No. :

Amount :

