

# PURCHASE ORDER



**DELIVERY DUE DATE:** 3-27-2020

Procurement Unit

PR No.: 2020-02-038

PO No.: 2020-111

Date: 2/21/2020

Mode of Procurement: Direct Contracting

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

Supplier: **PHILIPPINE DUPLICATORS, INC.**

Address: Brgy. Merville, Parañaque City

TIN#: 000-412-839-000 VAT Reg.

Tel. No.: (072) 242-4367

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	cart	TONER, IM C200 Black (Gestetner)	1	5,425.00	5,425.00
2	cart	TONER, IM C200 Cyan (Gestetner)	1	10,675.00	10,675.00
3	cart	TONER, IM C200 Magenta (Gestetner)	1	10,675.00	10,675.00
4	cart	TONER, IM C200 Yellow (Gestetner)	1	10,675.00	10,675.00
..... Purpose: for Office use					<b><u>37,450.00</u></b>

(Total Amount in Words) Thirty Seven Thousand Four Hundred Fifty 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. GLENARD T. MADRAGA**

VP, Admin. & Finance

Authorized Official *[Signature]*

Conforme:

*[Signature]* 02/26/2020

**PHILIPPINE DUPLICATORS, INC.**

(Signature over printed name & date)

Bank Account Name: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_

COMMISSION ON AUDIT: TSU

RECEIVED

BY: *[Signature]* Date: \_\_\_\_\_ Time: \_\_\_\_\_

**26 FEB 2020**

Funds Available:

*[Signature]*  
**ELENA MAY T. TEOFILO**  
OIC, Budget Office

ALOS No.:

Amount:

No.: TSU-PRO-SF-09

Revision No. 2

Effectivity Date: October 25, 2019

Page 1 of 1

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2/27/20



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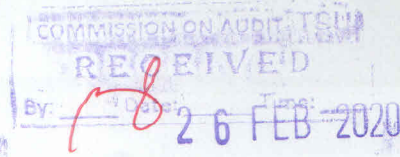
DR. GLENARD T. MADRAGA  
VP, Admin. & Finance  
Authorized Official *[Signature]*

Conforme:

### PHILIPPINE DUPLICATORS, INC.

(Signature over printed name & date)

Bank Account Name: \_\_\_\_\_  
Bank Account Number: \_\_\_\_\_  
Bank Name: \_\_\_\_\_  
Bank Address: \_\_\_\_\_



Funds Available:

*[Signature]*  
**ELENA MAY T. TEOFILO**  
OIC, Budget Office

ALOB No. :  
Amount :