



PURCHASE ORDER

Procurement Unit

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

DELIVERY DUE DATE: Pick-Up / COD

Supplier : **SONAK CORPORATION**
 Address : **Sonak Centre Km 18 West Service Road South Luzon Expressway, Parañaque City**
 Type of Business : **Merchandising**
 TIN No. : **008-913-923-000 VAT Reg.**
 Tel. No. : **(02) 8776-1234**

PR No.: **2024-02-068**
 PO No.: **2024-263**
 Date: **04/30/2024**
 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
19	piece	BADMINTON, GSEN-BS327NA, B/String G-Pro 70 0.70mm, Natural	20	240.00	4,800.00
23	piece	BALL, for Basketball, MOLT-B6G4500, Basketball Premium Comp Leather 12P/S6	10	2,270.00	22,700.00
24	piece	BALL, for Basketball, MOLT-B7G4500, Basketball Premium Comp Leather 12P/S7	10	2,270.00	22,700.00
31	box	PRO WRAP, MLER-130702, Pre Taping Foam Under Wrap, Natural	10	4,390.00	43,900.00
					94,100.00
***** <i>PurposeSports Supplies and Materials for SCUAA</i> 2024 - APP 1st Quarter 2024					

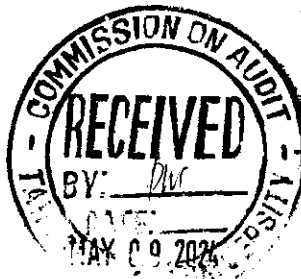
(Total Amount in Words) Ninety-Four Thousand One Hundred Pesos Only

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. ARNOLD E. VELASCO
President

Authorized Official



Conforme: *[Signature]* 05/09/2024

ALDA ANNE SOLTRANG
SONAK CORPORATION

(Signature over printed name & date)

Bank Account Name: SONAK CORPORATION
 Bank Account Number: 0065-0801-1481
 Bank Name: BANCO DE ORO
 Bank Address: ALABANG HILLS

Funds Available:

[Signature]
IACDED MAILED CDA

ALOBS No. : 02-20441-20405-1925
Amount: ₱ 94,100.00



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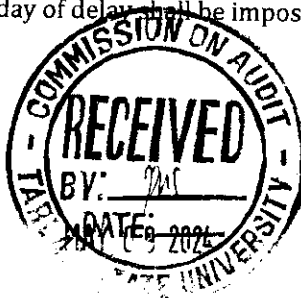
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Conforme:



Very truly yours,

DR. ARNOLD E. VELASCO
President

Authorized Official *[Signature]*

SONAK CORPORATION

(Signature over printed name & date)

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

Funds Available:

[Signature]
JASPER A. YAUDER, CPA
 Budget Officer

ALOB No. : *02-202441-2024-05-1925*
 Amount : *94,100.00*