

PURCHASE ORDER

DELIVERY DUE DATE: 4/21/24

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

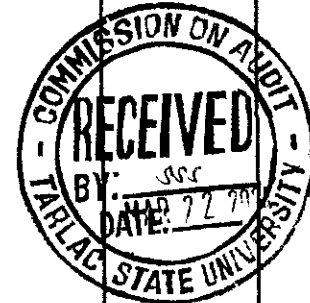
Supplier: **PHILIPPINE DUPLICATORS, INC.**
Address: CCC Bldg. KM. 14 West Service Road Edison Ave. Merville, Parañaque City
Type of Business: Merchandising
TIN No.: 000-412-893-000 VAT Reg.
Tel. No.: 0915-916-3840 / (02) 8822-2601-08

PR No.: 2024-02-051
PO No.: 2024-167
Date: 3/15/2024
Mode of Procurement: Shopping

Gentlemen:
Please furnish this office the following articles subject to the terms and conditions contained herein:

Place of Delivery: **TARLAC STATE UNIVERSITY** **Delivery Term:** 30 Calendar Days
Date of Delivery: **Payment Term:** N/15

Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
1	cartridge	INK, for copy printer DX3344 CPMT15 Genuine	40	1,115.52	44,620.80
2	cartridge	TONER, copier for MPC2003, Black 841957, NKG (Genuine)	6	5,425.00	32,550.00
3	cartridge	TONER, copier for MPC2003, Cyan 841963, NKG (Genuine)	6	10,675.00	64,050.00
4	cartridge	TONER, copier for MPC2003, Magenta 841962, NKG (Genuine)	6	10,675.00	64,050.00
5	cartridge	TONER, copier for MPC2003, Yellow 841961, NKG (Genuine)	6	10,675.00	64,050.00
----- Purpose: APP - 2024 1st Quarter (Print Shop and Printing Press Consumables)					269,320.80



(Total Amount in Words) Two Hundred Sixty-Nine Thousand Three Hundred Twenty Pesos and Eighty Centavos Only

Waranty 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,

[Signature]
DR. ARNOLD E. VELASCO
 University President
 Authorized Official *[Signature]*

Conforme: *[Signature]* 3/22/24

PHILIPPINE DUPLICATORS, INC.
 (Signature over printed name & date)

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

Funds Available:

ALOBS No.: 02-207512-2024-03-001



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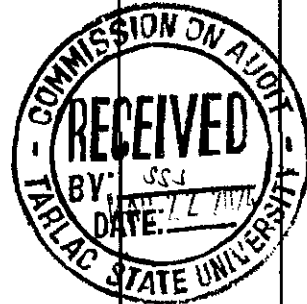
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DR. ARNOLD E. VELASCO
University President

Authorized Official *[Signature]*

Conforme:

PHILIPPINE DUPLICATORS, INC.

(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. : 02-207512-2024-03-0018
Amount: ₱269,320.80