



# PURCHASE ORDER

Procurement Unit

Tel No.: 045-606-8142/b06-8157

**DELIVERY DUE DATE: 21 JUN 2024**

Supplier: **COPYLANDIA OFFICE SYSTEMS CORPORATION**  
 Address: **252 AB Fernandez Ave., Dagupan City**  
 Type of Business: **Merchandising**  
 TIN No.: **002-332-000-021 VAT Reg.**  
 Tel. No.: **075-5153306 / Fax: 075-5223267 / 0917-6527393**

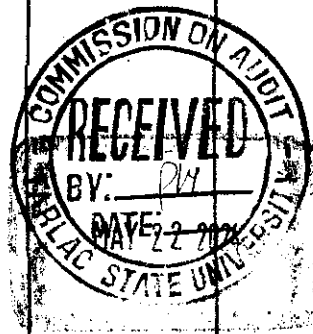
PR No.: **2024-03-130**  
 PO No.: **2024-301**  
 Date: **5/9/2024**  
 Mode of Procurement: **Small Value**

Gentlemen:

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

Place of Delivery:	<b>TARLAC STATE UNIVERSITY</b>	Delivery Term:	<b>30 calendar days</b>
Date of Delivery:		Payment Term:	<b>n/15</b>

Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
1	piece	<b>PAPER CUTTER KNIFE, C-64</b> ***** Purpose: APP - 2024 1st Quarter Print Shop (For Replacement)	1	57,981.00	<b>57,981.00</b>



(Total Amount in Words) Fifty-Seven Thousand Nine Hundred Eighty-One 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]* **05-21-24**  
**COPYLANDIA OFFICE SYSTEMS CORPORATION**

**COPYLANDIA OFFICE SYSTEMS CORPORATION**

(Signature over printed name & date)

Bank Account Name: COPYLANDIA OFFICE SYSTEMS CORP.  
 Bank Account Number: 0051420412  
 Bank Name: LBP  
 Bank Address: WAKHAN CITY

*[Signature]*  
*[Signature]*

Funds Available:

*[Signature]*  
**JASPER A. YAUDER, CPA**  
 Budget Officer

ALOPS No.: **27-71512-2024-15-006**  
 Amount: **57,981.00**

Form No.: TSU-PRO-SF 09

Revision No. 03

Effectivity Date: August 24, 2020

Page 1 of 1



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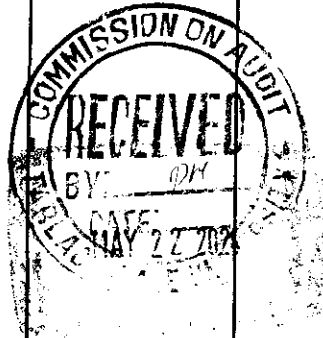
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President

Authorized Official

Conforme:

**COPYLANDIA OFFICE SYSTEMS CORPORATION**

(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.: 02-77512-2024-25-0006  
Amount: 57,981-N