



PURCHASE ORDER

DELIVERY DUE DATE: 4/12/2020

Procurement Unit

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

Supplier : **AZITSOROG INCORPORATED**
 Address : 103 Cloria St. Cor. Ortigas Ave. Extension Marick
Subdivision Cainta Rizal
 TIN#: 215-398-290-000 VAT Reg.
 Tel. No. : 02-9351-5142/0977-186-2598
 Contact Person: George D. Gorostiza

PR No.: 2020-02-039
 PO No.: 2020-150
 Date: 3/12/2020
 Mode of Procurement: Small Value

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
40	pc	ID HOLDER, with ID Case ***** Purpose: APP-2020 1st Quarter	8000	30.75	246,000.00

(Total Amount in Words) Two Hundred Forty Six Thousand 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

Conforme:

Lyca Omboff
 Lyca Omboff 3/13/2020

AZITSOROG INCORPORATED

(Signature over printed name & date)

Bank Account Name: AZITSOROG, INC.
 Bank Account Number: 0109-0000-3928
 Bank Name: BDO
 Bank Address: _____



Funds Available:

ELENA MAY T. TEOFILO
 OIC, Budget Office

ALOBS No. :
 Amount :

ok posted 5/27/2020



PURCHASE ORDER

DELIVERY DUE DATE: 4/12/2020

Procurement Unit

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

Supplier : **AZITSOROG INCORPORATED**
 Address : 103 Gloria St. Cor. Ortigas Ave. Extension Marick
Subdivision Cainta Rizal
 TIN#: 215-398-290-000 VAT Reg.
 Tel. No. : 02-9351-5142/0977-186-2598
 Contact Person: George D. Gorostiza

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Conforme:

AZITSOROG INCORPORATED

(Signature over printed name & date)

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



Funds Available:

ELENA MAY S. TEOFILO
 OIC, Budget Office

ALOBS No. :
 Amount :