

PURCHASE ORDER



Procurement Unit

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

DELIVERY DUE DATE: 9/27/20

Supplier : **ELIZ'S GARMENTS**
 Address : 4247-A Pascual Ave., Gate 3 San Sebastian Village, Tarlac City
 TIN#: 177-228-554-000 VAT Reg.
 Tel. No. : 0920-902-9100
 Contact Person: Alexander V. Lo

PR No.: 2020-06-114
 PO No.: 2020-279
 Date: 8/14/2020
 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/10

Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
1	pc	SOUVENIR POLO SHIRT (SHORT SLEEVES) (as per sample) Lacoste (Honeycombed) color: Tangerine w/ TSU logo Color: Navy Blue for Collar, White and navy blue for lining Sizes: S-30, M-75, L-50, XL-30, 2XL-10, 3XL-3, 4XL-2	200	220.00	44,000.00
2	pc	SOUVENIR POLO SHIRT (SHORT SLEEVES) (as per sample) Lacoste (Honeycombed) color: Indigo w/ TSU logo Color: Emerald for lining Sizes: S-50, M-150, L-50, XL-35, 2XL-10, 3XL-3, 4XL-2	300	220.00	66,000.00
3	pc	SOUVENIR POLO SHIRT (LONG SLEEVES) (as per sample) Lacoste (Honeycombed) color: Mustard w/ TSU logo Color: White for Collar and Cuff, White for Lining Sizes: S-30, M-80, L-50, XL-30, 2XL-5, 3XL-3, 4XL-2 Pls present the sample before the mass production ***** Purpose: APP-2020 2nd Quarter (Souvenir/Token)	200	240.00	48,000.00
					158,000.00

(Total Amount in Words) One Hundred Fifty Eight 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. MADRIAGA
 VP, Admin. & Finance
 Authorized Official

Conforme:

8/25/20

ELIZ'S GARMENTS

(Signature over printed name & date)

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

COMMISSION ON AUDIT - TSU
 RECEIVED

By: Date: _____ Time: _____
 28 AUG 2020

Funds Available:

ELENA MAY T. TEOFILO
 Head, Budget Office

ALOBS No. :
 Amount :

all printed 9/27/20