



PURCHASE ORDER

DELIVERY DUE DATE: 4/9/22

Procurement Unit

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

Supplier : TRN ENTERPRISES	PR No.: <u>2022-02-030</u>
Address : <u>Edward St., San Sebastian, Tarlac City</u>	PO No.: <u>2022-112</u>
Type of Business : <u>Merchandising</u>	Date: <u>3/4/2022</u>
TIN No. : <u>149-362-797-000 VAT Reg.</u>	Mode of Procurement: <u>Small Value</u>
Tel. No. : <u>045 - 982 - 5262 / 0920 - 9627449</u>	

Gentlemen:

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

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

Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
18	pack	PAPER CUP, 6oz	30	20.50	615.00
19	pack	PAPER PLATE, 9", 25pcs/pack	10	25.00	250.00
20	bot	DISINFECTANT WIPES, Lysol, 10 pulls	20	38.50	770.00
21	pack	HAND AND BODY WIPES, Sanicare 80 sheets	20	90.85	1,817.00
22	pack	TRASH BAG, Yellow, Medium for 20 liters	5	250.00	1,250.00
***** Purpose: For Main, San Isidro, Lucinda Clinic use - PPMP 2022					<u>4,702.00</u>

(Total Amount in Words) Four Thousand Seven Hundred Two 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. ARMEE N. ROSEL
 VP, Research & Extension Services
 Authorized Official

Conforme:

th 3/11/22
TRN ENTERPRISES
 (Signature over printed name & date)

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



Funds Available:

[Signature]
JASPER A. YAUDER, CPA
 Budget Officer

ak posted 3/11/22

ALOBS No. : 02-10210122-03 0010
 Amount : 4,702.00

Form No.: TSU-PRO-SF 09

Revision No. 03

Effectivity Date: August 24, 2020

Page 1 of 1