



PURCHASE ORDER

DELIVERY DUE DATE: 5/10/19

Procurement Unit
Telefax No.: 045-982-4630

Supplier : IAI FINO DISENYO PRINTING SERVICES	PR No.: <u>2019-01-018</u>
Address : <u>Mandaluyong City</u>	PO No.: <u>2019-317</u>
TIN No. : <u>240-664-062-000 VAT Reg.</u>	Date: <u>5/7/2019</u>
Tel. No. : <u>0933-627-8432 / 0917-811-1416</u>	Mode of Procurement: <u>Small Value</u>

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

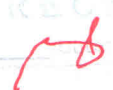
Place of Delivery: TARLAC STATE UNIVERSITY	Delivery Term: <u>20 calendar days</u>
Date of Delivery:	Payment Term: <u>N/30</u>


Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
1	liter	INK, Solvent, Black, (MTI ECOSOL Ink for Roland Pro IIIIXJ-740)	6	2,000.00	12,000.00
2	liter	INK, Solvent, Cyan, (MTI ECOSOL Ink for Roland Pro IIIIXJ-740)	8	2,000.00	16,000.00
3	liter	INK, Solvent, Magenta, (MTI ECOSOL Ink for Roland Pro IIIIXJ-740)	8	2,000.00	16,000.00
4	liter	INK, Solvent, Yellow, (MTI ECOSOL Ink for Roland Pro IIIIXJ-740)	8	2,000.00	16,000.00
***** Purpose: For BASO use					60,000.00

(Total Amount in Words) Sixty Thousand Pesos Only

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,

COMMISSION ON ADMIT-TSUN
RECEIVED
By:  Date: _____

DR. GLENARD T. MADRIAGA
VP, Admin. & Finance
Authorized Official 


Conforme:

IAI FINO DISENYO PRINTING SERVICES

21 MAY 2019

(Signature over printed name & date)

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

Funds Available:

JESUS S. DANGANAN
 Budget Officer IV

ALOBS No. :
 Amount :

at posted 5/27/19



PURCHASE ORDER

DELIVERY DATE: 5/21/19

Number: MAJING DESKTOP PRINTING SERVICES

Quantity: 1

Unit Price: 50,000.00

Total Price: 50,000.00

Vendor Name: MAJING DESKTOP PRINTING SERVICES

Requesting Department: CARLETON STATE UNIVERSITY

Requesting Officer: [Signature]

Requesting Office: [Address]

Requesting Date: 5/21/19

Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
1	1	INKjet printer, HP Color LaserJet Enterprise E6000 series	1	50,000.00	50,000.00
2	1	INKjet printer, HP Color LaserJet Enterprise E6000 series	1	50,000.00	50,000.00
3	1	INKjet printer, HP Color LaserJet Enterprise E6000 series	1	50,000.00	50,000.00
4	1	INKjet printer, HP Color LaserJet Enterprise E6000 series	1	50,000.00	50,000.00
					50,000.00

I hereby certify that the above information is true and correct to the best of my knowledge and belief.

[Signature]
5/21/19
 MAJING DESKTOP PRINTING SERVICES

[Signature]
 DR. ALLIANCE T. HARRIS
 Vice President

COMMISSION ON AUDIT, TSU
RECEIVED
 BY: [Signature] DATE: 21 MAY 2019

[Handwritten note]
 5/21/19