



# PURCHASE ORDER

Procurement Unit

Telefax No.: 045-982-4630

**DELIVERY DUE DATE:** 4/4/19

Supplier : <b>RGC MARKETING</b>	PR No.: 2018-11-350
Address : #7 Atlanta St. Niñas Village Subd., Brgy. Suizo, Tarlac City	PO No.: 2019-110
TIN No. : 176-842-610-000 VAT Reg.	Date: 2/27/2019
Tel. No. : 0942-741-4143	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: 30 calendar days
Date of Delivery:	Payment Term: n/30

Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
5	pc	<b>FIRST AID KIT</b> , 351 pieces of comprehensive first aid treatment products plus carry case with handle; Meets or exceeds OSHA and ANSI / ISEA guidelines for business use; Updated Guidelines Now Include: Gel Soaked Burn Dressing, CPR Face Shield, Hand Sanitizers, Eye Wash & More Fully organized interior provides quick treatment access; Wall mounts or folds compactly for storage; Ideal for most businesses and perfect for family use at home; Rugged, sturdy hard plastic case is impact resistant with Pre-drilled holes for mounting, Individual Compartments for organizing, a Large Interior Storage Compartment, Carry Handle, Rubber Gasket and Side Locking Latches	3	4,950.00	14,850.00
17	unit	<b>NEBULIZER</b> , portable; pocket Size & Light Weight; Ultra-low Noise; One Touch Button Operation; Auto Alarm / Shut Off Mode; AA Battery (2pcs) with Low Power Consumption; Can be used 2 ways - Battery operated of Plugged in outlet	3	4,600.00	13,800.00
29	unit	<b>STRETCHER</b> , collapsible, automatic loading lightweight	3	24,500.00	73,500.00
35	unit	<b>WHEEL CHAIR</b> , standard, foldable ***** Purpose: to be used by Planning Office (GAA)	3	4,500.00	13,500.00
					<b>115,650.00</b>

(Total Amount in Words) One Hundred Fifteen Thousand Six Hundred Fifty 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,

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

COMMISSION ON AUDIT - TSU

**RECEIVED**  
 MAR 05 2019  
 By: [Signature] Date: [Blank] Time: [Blank]

Conforms: [Signature] 2/28/19  
**RGC MARKETING**

(Signature over printed name & date)

Bank Account Name: \_\_\_\_\_  
 Bank Account Number: \_\_\_\_\_  
 Bank Name: \_\_\_\_\_  
 Bank Address: \_\_\_\_\_

Funds Available: [Signature]  
**JESUS S. DANGANAN**  
 Budget Officer IV

ALOBS No. : \_\_\_\_\_  
 Amount : \_\_\_\_\_

Handwritten note: 3/5/19