



PURCHASE ORDER

DELIVERY DUE DATE: 02-28-2020

Procurement Unit

Telephone No.: 045-606-0141 / 606-8157

Supplier: **ACCEL PRIME TECHNOLOGIES INC.**
 Address: Unit 405 PM Building, No. 26 N. Domingo St. cor. Gilmore St. Quezon City
 TIN#: 008-179-091-000 VAT Reg.
 Tel. No.: (02) 8721-5833 to 35/0915-464-1645

PR No.: 2020-01-016
 PO No.: 2020-115
 Date: 2/21/2020
 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
1	Set	FINGER PRINT TIME ATTENDANCE TERMINAL (BIOMETRICS) Fingerprint Capacity: 3000 ID Card Capacity: 10,000 (Optional) Record Capacity: 100,000 Communication: TCP/IP, USB Host, RS232 Standard Functions: Wi-Fi, Work Code, DST, Self Service Query, 9 Digit User ID, Schedule-bell, Multiple Verify Mode, Automatic Status Switch, built-in Battery Optional: ID/ME/HH, Webservice, ADMS, 3G, external Bell, POE (Model: Zkteco IN05) Warranty: One (1) year ----- <i>Purpose: for the Replacement of Old Biometric Devices and to Add New Devices to Different Locations for time attendance monitoring for the University</i>	30	12,867.00	386,010.00

(Total Amount in Words) Three Hundred Eighty Six Thousand Ten 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 F. MADRIAGA
 VP. Admin. & Finance
 Authorized Official

Conformed: *[Signature]* 2/27/20

EVELYN M. HERNANDEZ

ACCEL PRIME TECHNOLOGIES INC.

(Signature over printed name & date)

Bank Account Name: ACCEL PRIME TECHNOLOGIES, INC.
 Bank Account Number: 2922-1015-26
 Bank Name: LBP - SAN JUAN BRANCH
 Bank Address: _____

COMMISSION ON APPROPRIATIONS
RECEIVED
 By: *[Signature]* Date: **27 FEB 2020**

Funds Available:
ELENA MAY T. TEOFILO
 OIC, Budget Office

ALOBS No. _____
 Amount: _____

marked
 2/27/2020



PURCHASE ORDER

DELIVERY DUE DATE: 03-28-2020

Procurement Unit

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

Supplier : **ACCEL PRIME TECHNOLOGIES INC.**
 Address : Unit 405 PM Building, No. 26 N. Domingo St. cor. Gilmore St. Quezon City
 TIN#: 008-179-091-000 VAT Reg.
 Tel. No. : (02) 8721-5833 to 35/0915-464-1645

PR No.:2020-01-016
 PO No.: 2020-115
 Date: 2/21/2020
 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
1	Set	FINGER PRINT TIME ATTENDANCE TERMINAL (BIOMETRICS) Fingerprint Capacity: 3000 ID Card Capacity: 10,000 (Optional) Record Capacity: 100,000 Communication: TCP/IP, USB Host, RS232 Standard Functions: Wi-Fi, Work Code, DST, Self Service Query, 9 Digit User ID, Schedule-bell, Multiple Verify Mode, Automatic Status Switch, built-in Battery Optional: ID/MF/HID, Webserver, ADMS, 3G, external Bell, POE"(Model:Zkteco IN05) Warranty: One (1) year ***** <i>Purpose: for the Replacement of Old Biometrics Devices and to Add New Devices to Different Locations for time attendance monitoring for the University</i>	30	12,867.00	<u>386,010.00</u>

(Total Amount in Words) Three Hundred Eighty Six Thousand Ten 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:

ACCEL PRIME TECHNOLOGIES INC.

(Signature over printed name & date)

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



Funds Available:

ELENA MAYA T. TEOFILO
 OIC, Budget Office

ALOBS No. :
 Amount :