

## **PURCHASE ORDER**

DELIVERY DUE DATE: Pick-Up/cop Tel. No.: 045-606-8142/606-8157

Supplier: **MAGIC STAR SUPERMARKET** 

Address: Cut Cut 1st, Tarlac City Type of Business:

Merchandising TIN No.: 206-818-612-000 VAT Reg.

Tel. No.: (045) 628-4290

PR No.:

2024-11-451

PO No.:

2024-802

Date:

12/12/2024

Mode of Procurement:

Small Value

Gentlemen:

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

Place of Deli	very:	TARLAC STATE UNIVERSITY	Delivery Term:		Pick-Up
Date of Delivery:			Payment Term:		COD
Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
4	pack	POCKET WET WIPES, Sanicare 15 sheets per pack  ***********************************	47	32.50	1.527.50

(Total Amount in Words) One Thousand Five Hundred Twenty-Seven Pesos and Fifty Centavos 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

Conforme:

DR. ARNOLD E. VELASCO

President

Authorized Official

MAGIC STAR SUPERMARKET

(Signature over printed name & date)

Bank Account Name:

Bank Account Number:

Bank Name:

Bank Address:

Funds Available:

JASPER A. YAUDER, CPA

**Budget Officer** 

Form No.: TSU-PRO-SF 09 Revision No. 03

ALOBS No.: 12-201441-1025-01-1319

Amount: \$ 1327.50

Effectivity Date: August 24, 2020

Very truly yours,

Page 1 of 1