



# PURCHASE ORDER

Procurement Unit

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

**DELIVERY DUE DATE:** 1/13/24

Supplier : **DIOLAZO PRINTING PRESS & GEN. MDSE. CORP.**  
 Address : **C. Santos St., Tarlac City**  
 Type of Business : **Merchandising**  
 TIN No. : **000-540-804-000 VAT Reg.**  
 Tel. No. : **(045) 925-0944**

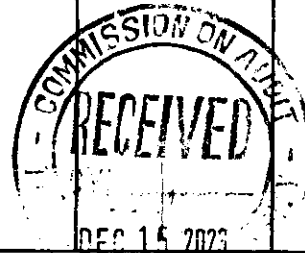
PR No.: **2023-10-413**  
 PO No.: **2023-644**  
 Date: **12/07/2023**  
 Mode of Procurement: **Shopping**

Gentlemen:

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

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


Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
5	box	<b>FASTENER</b> , Metal, 70mm	5	75.00	375.00
16	box	<b>BALLPEN</b> , black, fine point 0.5mm, gel pen, (12 pcs/box)	5	84.00	420.00
23	pack	<b>STICKY NOTES</b> , multi-colored, 3x3	10	45.00	450.00
25	pack	<b>PUSH PINS</b> , multi-colored (100 pcs/pack)	5	45.00	225.00
31	pack	<b>CARTOLINA</b> , ordinary	50	21.00	1,050.00
48	piece	<b>FILE BOX</b> , single	40	160.00	6,400.00
50	piece	<b>PENCIL SHARPENER</b> , ordinary	2	500.00	1,000.00
66	box	<b>SIGN PEN</b> , my gel, black, gel ink	5	420.00	2,100.00
67	box	<b>SIGN PEN</b> , my gel, 0.7mm, black, gel ink (12 pcs/box)	5	420.00	2,100.00
***** Purpose: Establishment of DOST-TSU Aslagan TBI (DOST Fund)					<b>14,120.00</b>

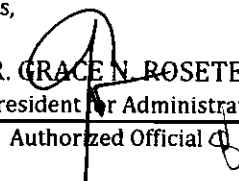


(Total Amount in Words) Fourteen Thousand One Hundred Twenty Pesos Only

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,


Conforme:  12/14/23

**DR. GRACE N. ROSETE**  
 Vice President for Administration  
 Authorized Official 

### DIOLAZO PRINTING PRESS & GEN. MDSE. CORP.

(Signature over printed name & date)

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

Funds Available:  
  
**JASPER A. YAUDER, CPA**  
 Budget Officer

ALOBS No.: **82-716607-2023-12-0267**  
 Amount: **14,120.00**