



PURCHASE ORDER

Procurement Unit

DELIVERY DUE DATE:

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

Supplier : **MAGIC STAR SUPERMARKET CORPORATION**

Address : **Cut Cut 1st, Tarlac City**

Type of Business: **Merchandising Business**

TIN#: **206-818-612-000 VAT Reg.**

Tel. No. : **(045) 628-4290**

PR No.: **2020-07-143**

PO No.: **2020-305**

Date: **9/2/2020**

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: **PICK-UP**

Payment Term: **COD**

Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
4	pc	SOAP, Bar, Anti Bacterial, Eliminates 99.9% of Germs, Pure White 60G, Safeguard	78	16.90	1,318.20
8	bottle	HYDROCHLORIC ACID, 28.0% to 29.9% Hydrochloric Acid Concentration, Remove Tough and Hard Stains, Gleam, Muriatic Acid, 500ml	40	44.75	1,790.00
9	bottle	DISINFECTANT SPRAY, Kills 99.9% of Viruses & Bacteria, Kills Germs, Molds & Mildew in seconds, Eliminates odors, Lysol, Crisp Linen, 340g, 9556111408071 ***** Purpose: for Hotel use	40	395.00	15,800.00
					18,908.20

(Total Amount in Words) Eighteen Thousand Nine Hundred Eight and 20/100 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.

TSU - SPMU
> RECEIVED
By _____
Date 09-04-2020
Control No.. A112

20091651

Very truly yours,

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

Conforme:

MAGIC STAR SUPERMARKET CORPORATION

(Signature over printed name & date)

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

COMMISSION ON AUDIT - TSU
RECEIVED
By: _____ Date: _____
04 SEP 2020

Funds Available:

ELENA MAY T. TEOFILO

ALOBS No. :

Amount :

ok
noted
9/16/20



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VP, Admin. & Finance
Authorized Official

Conforme:

MAGIC STAR SUPERMARKET CORPORATION

(Signature over printed name & date)

Bank Account Name: _____

Bank Account Number: _____

Bank Name: _____

Bank Address: _____



Funds Available:

Elena Maysi Tefilo
ELENA MAYSI TEOFILO
Head, Budget Office

ALOBS No. :
Amount :