

PURCHASE ORDER

Procurement Unit
Telephone No.: 045-496-8142/806-8157

DELIVERY DUE DATE: Pick-up

Supplier: **NATIONAL PRINTING OFFICE**
Address: C-4, Diliman, Quezon City, Metro Manila
Type of Business: Merchandising Business
TIN#: 000-769-754-000
Tel. No.: (02) 925-2190/8925-2106/0917-903-5616

PR No.: 2021-10-215
PO No.: 2021-395
Date: 11/19/2021
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: 60D

Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
56311	box	A. 1550001B to 1590000B - 40,000 sets	40	5,150.00	206,000.00
56312	box	B. 00200015 to 00600005 - 40,000 sets	40	5,150.00	206,000.00
56313	box	C. 00200010 to 00600000 - 40,000 sets	40	5,150.00	206,000.00
	box	D. 0085001L to 0120000L - 35,000 sets	35	5,350.00	187,250.00

Size: 11" x 5 - 1/4", Material: white, pink & blue
Carbonless paper w/ NPO security marks
Others: one-side printing; all in black print w/ RP seal, amienda, serial numbers, microtext and security marking in UV on all copies
Packaging: in boxes of 1,000 x 3-ply w/ front and back cover
Warranty: (30) calendar days

RECEIVED
NATIONAL PRINTING OFFICE
FEB 16 2022
DATE
RECORDS SEC., ADM. DIV.
88-1106

412,000.00
412,000.00

(Total Amount in Words) Eight Hundred Five Thousand Two Hundred Fifty 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,
[Signature]
DR. ARMEE N. ROSEL
VP, Research and Extension Services
Authorized Official

Conforme: *[Signature]*
CHERYL F. BABADO, RN, MPA
Chief, PPCD 2/10/2022

NATIONAL PRINTING OFFICE
(Signature over printed name & date)

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

COMMISSION ON AUDIT - TSU
RECEIVED
By: *[Signature]* Date: FEB 16 2022 Time: _____

Funds Available: *[Signature]*
RYAN R. RONQUILLO
OIC, Budget Office

ALOBS No.: 62-10101-21-11-0850
Amount: 412,000.00

No. TSU-PRO-SF-09 Revision No. 3 Effectivity Date: August 24, 2020 Page 1 of 1

de noted 2/16/22



PURCHASE ORDER

Procurement Unit

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

DELIVERY DUE DATE:

Supplier: **NATIONAL PRINTING OFFICE**

Address: C-4, Diliman, Quezon City, Metro Manila

Type of Business: Merchandising Business

TIN#: 000-769-754-000

Tel. No.: (02) 925 2190/8925-2186/0917-805-5616

PR No.: 2021-10-215

PO No.: 2021-395

Date: 11/19/2021

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 *Pick-up*

Payment Term: N/30 *cash*

Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
<u>1</u>	box	A. 1550001B to 1590000B - 40,000 sets	40	5,150.00	206,000.00
2	box	B. 0020001S to 0060000S - 40,000 sets	40	5,150.00	206,000.00
3	box	C. 002000010 to 00600000 - 40,000 sets	40	5,150.00	206,000.00
<u>4</u>	box	D. 0085001L to 0120000L - 35,000 sets	35	5,350.00	187,250.00
		Size: 11" x 5 - 1/4", Material: white, pink & blue Carbonless paper w/ NPO security marks			
		Others: one-side printing; all in black print w/ RP seal, amienda, serial numbers, microtext and security marking in UV on all copies			
		Packaging: in boxes of 1,000 x 3-ply w/ front and back cover			
		Warranty: (30) calendar days			

		Purpose: for office use.			
					<u>805,250.00</u>
					<u>412,000.00</u>

(Total Amount in Words) Eight Hundred Five Thousand Two Hundred Fifty 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,

for
DR. ARMEE N. ROSEL

VP, Research and Extension Services

Authorized Official *[Signature]*

Conforme:

NATIONAL PRINTING OFFICE

(Signature over printed name & date)

Bank Account Name: _____

Bank Account Number: _____

Bank Name: _____

Bank Address: _____

Funds Available:

[Signature]
RYAN R. RONQUILLO

OIC, Budget Office

COMMISSION ON AUDIT - TSU

RECEIVED

By: *[Signature]* Date: FEB 16 2022

ALOBS No.: 02-101101-21-11-085

Amount:

805,250.

No.: TSU-PRO-SF-09

Revision No. 3

Effectivity Date: August 24, 2020

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