



PURCHASE ORDER

Procurement Unit

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

DELIVERY DUE DATE: 2/10/24

Supplier: **DACRISDEEK ENTERPRISES**
 Address: 69 Vallarta St., Pulo 3106 San Isidro, Nueva Ecija
 Type of Business: Merchandising
 TIN No.: 239-069-130-00000 VAT Reg.
 Tel. No.: 0933-8584-190

PR No.: 2023-10-395
 PO No.: 2024-005
 Date: 1/2/2024
 Mode of Procurement: Small Value

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
1	unit	FIRE EXTINGUISHER MAINTENANCE REFILL, 10lbs (HCFC, color green), Lion Brand	41	1,800.00	73,800.00
2	Unit	FIRE EXTINGUISHER MAINTENANCE REFILL, 10lbs (Carbon Dioxide, color red), Lion Brand <i>warranty: two (2) years</i> ***** <i>Purpose: for University used (Supplemental Budget)</i>	1	1,600.00	1,600.00
					75,400.00

(Total Amount in Words) Seventy-Five Thousand Four Hundred 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. GRACEN ROSETE
 Vice President for Administration

Authorized Official

Conforme:

(Signature) 1/11/24

IRMA FRANCISCO BULALAKAW

DACRISDEEK ENTERPRISES

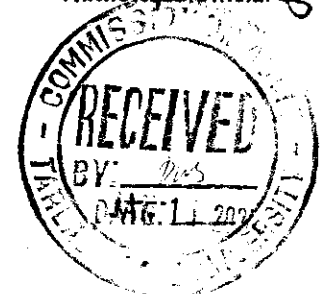
(Signature over printed name & date)

Bank Account Name: IRMA F. BULALAKAW - DACRISDEEK ENTERPRISES

Bank Account Number: 1531-11-4848

Bank Name: LAND BANK OF THE PHILIPPINES

Bank Address: GAPAN BRANCH



Funds Available:

(Signature)
JASPER A. YAUDER, CPA
 Budget Officer

ALOBS No.: 12-101101-2024-01-0040

Amount: ₱ 75,400



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					<u>75,400.00</u>

(Total Amount in Words) Seventy-Five Thousand Four Hundred Pesos Only

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 Vice President for Administration

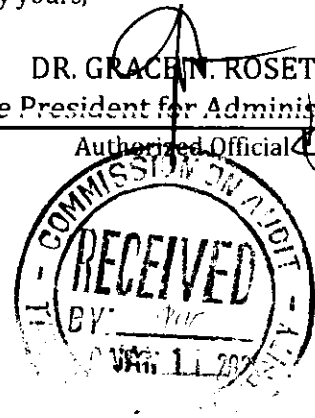
Authorized Official

Conforme:

DACRISDEEK ENTERPRISES

(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.: 12-101101-2024-01-0040
 Amount: P 75400