
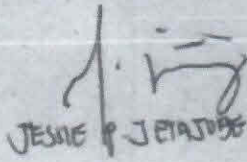

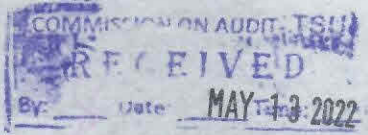



PURCHASE ORDER					
 <p>Procurement Unit Lot No. (945) vol. 0142/666-0117</p>			DELIVERY DUE DATE:		
Supplier: POWERTRAC INC. Address: 2015C Apolonia St. Mapulang Lupa, Valenzuela City Type of Business: Merchandising TIN No.: 008-290-344-000 Tel. No.: (02) 332-9064			PR No.: 2022-03-063 PO No.: 2022-184 Date: 4/20/2022 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 Date of Delivery:			Delivery Term: Pick-up Payment Term: C.O.D		
Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
1	pcs	SOLENOID COIL, part/model # JG-C011438 <i>Purpose: For Backhoe Maintenance used at Lucinda Campus</i>	2	2,000.00	4,000.00
(Total Amount in Words) Four Thousand 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.					
Confirmed:  JESSIE P. JETA 5-13-22			Very truly yours,  DR. ARMEIN N. ROSEL VP, Research & Extension Services Authorized Official		
POWERTRAC INC. Signature over printed name & date: Bank Account Name: _____ Bank Account Number: _____ Bank Name: _____ Bank Address: _____					
Funds Available:  JASPE A. VAUDER, CPA Budget Officer			ALOBS No.: 11-201907-1027-01-4659 Amount: P4,000		
Form No. TSM PRO-SF 07 Revision No. 01			Effectivity Date: August 23, 2020 Page 1 of 1		

ok noted 5/17/22



PURCHASE ORDER

Procurement Unit

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

DELIVERY DUE DATE:

Supplier : **POWERTRAC INC.**
 Address : 2015C Apolonia St. Mapulang Lupa, Valenzuela City
 Type of Business: Merchandising
 TIN No. : 008-280-344-000
 Tel. No. : (02) 332-9064

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Very truly yours,

DR. ARMEE N. ROSEL

VP, Research & Extension Services
Authorized Official

Conforme:

POWERTRAC INC.

(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. : 02-206941-2022-04-0629
 Amount : ₱ 4000 -

Form No.: TSU-PRO-SF 09

Revision No. 03

Effectivity Date: August 24, 2020

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