



PURCHASE ORDER

Procurement Unit

DELIVERY DUE DATE:

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

Supplier : **HIGH VISION GENERAL MERCHANDISING CORP.**

Address : **Tarlac City**

Type of Business: **Merchandising Business**

TIN#: **605-160-668-0000 VAT Reg.**

Tel. No. : **0947-768-2043/ 0917-132-3245**

PR No.: **2022-10-299**

PO No.: **2022-481**

Date: **10/13/2022**

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**

Delivery Term: **20 Calendar days**

Date of Delivery: _____

Payment Term: **N/30**

Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
15	tray	EGG, Small	1	298.00	298.00
31	roll	GARBAGE BAG, Large ***** <i>Purpose: for foundation week use</i>	3	65.00	195.00
					493.00

(Total Amount in Words) Four Hundred Ninety Three 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.

Conforme:

HIGH VISION GENERAL MERCHANDISING CORP.

(Signature over printed name & date)

Bank Account Name: _____

Bank Account Number: _____

Bank Name: _____

Bank Address: _____

Very truly yours,

DR. GRACE N. ROSETE

Vice President for Administration

Authorized Official



Funds Available:

JASPER A. YAUDER, CPA
Budget Officer

ALOBS No. : 02 - 206441 - 2022 - 1411

Amount : P 493

Form No.: TSU-PRO-SF-09

Revision No. 3

Effectivity Date : August 24, 2020

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