



PURCHASE ORDER

Procurement Unit
Telefax No.: 045-982-4630

DELIVERY DUE DATE: *weekly*

Supplier : PYP AGRO-INDUSTRIES, INC.	PR No.: <u>2018-11-373</u>
Address : <u>1000 Panganiban St., Tarlac City</u>	PO No.: <u>2019-755</u>
TIN # <u>000-540-804-000 VAT REG.</u>	Date: <u>11/21/2019</u>
Tel. No. : <u>982 - 1289/1228</u>	Mode of Procurement: <u>Shopping</u>

Gentlemen:
Please furnish this office the following articles subject to the terms and conditions contained herein:

Place of Delivery: TARLAC STATE UNIVERSITY	Delivery Term: <u>Weekly</u>
Date of Delivery:	Payment Term: <u>Monthly</u>

Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
1	gal	Purified Drinking Water (5 gal/pail) ***** Purpose: for University consumption for the Month of December 2019 Terms & Conditions : 1. Provide hot & cold dispensing units w/o any rental fee or charge. 2. Lend New water containers with their caps on and in good condition. 3. Responsible for the cleaning of all dispensers on a monthly basis. 4. Responsible for maintenance and repair of all dispensers. 5. Consumption of Purified drinking water for the Period of January 1, 2018 to December, 2019. 6. With the following Certificates and Permits a. License to Operate as to bottled drinking water processor b. Physio-Chemical Test Certificate c. Microbiological Test Certificate d. Report on Bacteriologic Analysis Water e. Mayor's Permit f. Sanitary Permit to Operation *****	200	27.50	5,500.00

(Total Amount in Words) Five thousand five hundred pesos.

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:

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

PYP AGRO-INDUSTRIES, INC.
 (Signature over printed name & date) *[Signature]* *11/26/19*

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

RECEIVED
 Date: *26 NOV 2019*

Funds Available: *[Signature]*
IESUS S. DANGANAN
 Finance Officer

ALOBS No. : _____
 Amount : _____

*chk
 noted
 11/29/19*