



PURCHASE ORDER

DELIVERY DUE DATE: **8/15/21**

Procurement Unit
Tel No.: 045-606-8142/606-8157

Supplier: **IALFINO DISENYO PRINTING SERVICES**
Address: **ANF Commercial Center, EDSA, cor. Sultan St. Brgy. Highway Hills, Mandaluyong**
Type of Business: **Merchandising Business**
TIN No.: **240-664-062-000 VAT Reg.**
Tel. No.: **0933-627-8432 / 0917-811-1416**

PR No.: **2021-03-074**
PO No.: **2021-230**
Date: **7/7/2021**
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: **30 calendar days**
Payment Term: **n/30**

Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
2	liter	SOLVENT INK, black (MTI Ecosol ink for Ronald Pro III Xj-740)	6	2,100.00	12,600.00
3	liter	SOLVENT INK, cyan (MTI Ecosol ink for Ronald Pro III Xj-740)	8	2,100.00	16,800.00
4	liter	SOLVENT INK, magenta (MTI Ecosol ink for Ronald Pro III Xj-740)	12	2,100.00	25,200.00
5	liter	SOLVENT INK, yellow (MTI Ecosol ink for Ronald Pro III Xj-740)	8	2,100.00	16,800.00
6	liter	TARPAULIN CLEANING SOLUTION	1	1,500.00	1,500.00
9	pcs	TARPAULIN PRINTER HEAD DAMPER	1	1,500.00	1,500.00
10	pcs	TARPAULIN PRINTER HEAD CAPPING	1	1,700.00	1,700.00
					76,100.00

Purpose: *APP-2021 1st Quarter*

(Total Amount in Words) Four Thousand three Hundred Thirty Five 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. ARMEE N. ROSEL
VP, Research and Extension Services
Authorized Official

Conforme:

Wenifredo Belunda Jr.
IALFINO DISENYO PRINTING SERVICES
(Signature over printed name & date)

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

COMMISSION ON AUDIT TSU
RECEIVED
By: *[Signature]* Date: **16 JUL 2021**

Funds Available:

[Signature]
RYAN R. RONQUILLO
OIC, Budget Office

ALOBS No.: **14-18191-2021-03-0035**
Amount: **P96,100**

No. TSU-PRO-SF-09

Revision No. 03

Effectivity Date: August 24, 2020

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DR. ARMEE N. ROSEL
VP, Research and Extension Services
Authorized Official

Conforme:

IAI FINO DISENYO PRINTING SERVICES
(Signature over printed name & date)

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

COMMISSION ON AUDIT - TSU
RECEIVED
By: _____ Date: **16 JUL 2021**

Funds Available:

RYAN R. RONQUILLO
OIC, Budget Office

ALOBS No. : **AL-207512-2021-07-0035**
Amount: **₱76,100**

No.: TSU-PRO-SF-09 | Revision No. 03

Effectivity Date: August 24, 2020 | Page 1 of 1