



PURCHASE ORDER

DELIVERY DUE DATE: 9/5/2020

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

Supplier: **BENERSON ENTERPRISES**
Address: F. Tañedo St., Poblacion, Tarlac City
TIN No.: 221-815-120-002 VAT Reg.
Tel. No.: (045) 982-1585

PR No.: 2020-06-123
PO No.: 2020-262
Date: 8/5/2020
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/15

Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
2	pc	<p>SCANNER, Epson DS410, High speed, A4 Suplex sheet-fed document scanner, Scanner Type: A4 sheet-fed, one-pass duplex colour scanner, Sensor Type: Contact Image Sensor (CIS) x2, Scanning Method: Fixed carriage and moving document, Optical Resolution: 600x600 dpi, Output Resolution: 50-1,200dpi (in 1dpi increments) Scanner Bit Depth (Colour): 48-bit input, 24-bit output, Max Document Size: 215.9x3,048mm, Scan speed resolution: 200dpi: 26ppm/52ipm (Monochrome, Colour) 300dpi: 26ppm/52ipm (Monochrome, Colour) 600dpi: 21ppm/42ipm (Monochrome), 7.0ppm/14ipm (Colour), ADF Capacity: 50sheets (80g/m2), Daily Duty Cycle: up to 3,000 sheets/day, Interface: USB 2.0</p> <p>*****</p> <p><i>Purpose: for (scanner) better data security; enhanced information preservation and for submission of budgetary reports online (emails) due to covid-19. (printer) printing of colored report- color prints promotes greater impact and easier to recall for users</i></p>	1	20,000.00	20,000.00

(Total Amount in Words) Twenty 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

Conforme:

[Signature]
8/6/20

BENERSON ENTERPRISES
(Signature over printed name & date)

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



Very truly yours,

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

[Signature]

Funds Available:

[Signature]
ELENA MAY T. TEOFILO
Head, Budget Office

ALOBS No. :
Amount :

[Handwritten notes]