



PURCHASE ORDER

DELIVERY DUE DATE: 5/10/19

Procurement Unit
Telefax No.: 045-982-4630

Supplier: SKYFILES INCORPORATED 33 Magnolia St. Town & Country Executive Village	PR No.: <u>2019-02-055</u>
Address: <u>Mayamot, Antipolo City</u>	PO No.: <u>2019-158</u>
TIN#: <u>008-173-785 VAT Reg.</u>	Date: <u>3/20/2019</u>
Tel. No.: <u>02-401-9216 / 0928-501-3311 / 0917-813-3383</u>	Mode of Procurement: <u>Small Value</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>30 calendar days</u>
Date of Delivery:	Payment Term: <u>N/15</u>

Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
2	pcs	DATA FILE BOX , made with Chipboard with close ends ***** Purpose: to be used by various offices (APP 2019 1st Qtr)	1197	119.00	<u>154,343.00</u>

(Total Amount in Words) One Hundred Fifty Four Thousand Three Hundred Forty Three Pesos Only

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,

COMMISSION ON AUDIT-TSU
RECEIVED
By: *[Signature]* Date: 4 APR 2019

DR. GENARD T. MADRAGA
VP, Admin. & Finance
Authorized Official *[Signature]*

Co-forme: *[Signature]*
SKYFILES INCORPORATED

4/10/19

(Signature over printed name & date)
Bank Account Name: _____
Bank Account Number: _____
Bank Name: _____
Bank Address: _____

Func. Available: *[Signature]*
JESUS S. DANGANAN
Budget Officer IV

ALOBS No.: _____
Amount: _____
Effectivity Date: March 1, 2017

wh printed 4/10/19



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5/10/19

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Telefax No.: 045-982-4630

Supplier : **SKYFILES INCORPORATED**
 33 Magnolia St. Town & Country Executive Village
 Address : Mayamot, Antipolo City
 TIN#: 008-173-785 VAT Reg.
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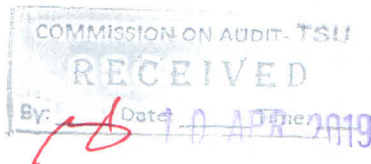
Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
12	pcs	DATA FILE BOX , made with Chipboard with close ends ***** Purpose: to be used by various offices (APP 2019 1st Qtr)	1297	119.00	<u>154,343.00</u>

(Total Amount in Words) One Hundred Fifty Four Thousand Three Hundred Forty Three Pesos Only

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Very truly yours,

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



Co iforme:

SKYFILES INCORPORATED

(Signature over printed name & date)

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

Funds Available:
JESUS S. DANGANAN
 Budget Officer IV

ALOBS No. :
 Amount :