



# PURCHASE ORDER

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

**DELIVERY DUE DATE:** 6/8/24

Supplier: **COPYLANDIA OFFICE SYSTEMS CORPORATION**  
Address: **252 AB Fernandez Ave., Dagupan City**  
Type of Business: **Merchandising**  
TIN No.: **002-332-000-021 VAT Reg.**  
Tel. No.: **075-5153306 / Fax: 075-5223267 / 0917-6527393**

PR No.: **2024-03-123**  
PO No.: **2024-267**  
Date: **5/2/2024**  
Mode of Procurement: **Direct Contracting**

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
1	piece	INTERMEDIATE TRANSFER BELT	2	12,990.00	25,980.00
2	piece	DRUM DU105 CMYK	2	50,000.00	100,000.00
3	piece	CHARGING CORONA	4	2,246.00	8,984.00
4	piece	PHOTO SENSING	2	2,273.00	4,546.00
***** Purpose: Repair and Maintenance BC - Print Shop (For Parts Replacement)					<b>139,510.00</b>



(Total Amount in Words) One Hundred Thirty-Nine Thousand Five Hundred Ten 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. ARNOLD E. VELASCO**  
President  
Authorized Official

Conforme:  
**JANESSA M. ALONSO** 05-09-24  
**COPYLANDIA OFFICE SYSTEMS CORPORATION**  
(Signature over printed name & date)

Bank Account Name: **COPYLANDIA OFFICE SYSTEMS CORP.**  
Bank Account Number: **0051426452**  
Bank Name: **LBP**  
Bank Address: **MAKATI CITY**

Funds Available:  
**JASPER A. YAUDER, CPA**  
Budget Officer

ALOBS No.: **01-206441-2024-03-001**  
Amount: **139,510.-**



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 Tel. No. : 075-5153306 / Fax: 075-5223267 / 0917-6527393

PR No.: 2024-03-123  
 PO No.: 2024-267  
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 Date of Delivery: \_\_\_\_\_      Payment Term: n/15

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Very truly yours,

DR. ARNOLD E. VELASCO  
President

Authorized Official

Conforme:

### **COPYLANDIA OFFICE SYSTEMS CORPORATION**

(Signature over printed name & date)

Bank Account Name: \_\_\_\_\_  
 Bank Account Number: \_\_\_\_\_  
 Bank Name: \_\_\_\_\_  
 Bank Address: \_\_\_\_\_

Funds Available:

JASPER A. YAUDER, CPA  
 Budget Officer

ALOBS No.: 02-206441-2024-05-0041  
 Amount: 139,510-