

PURCHASE ORDER



Procurement Unit

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

DELIVERY DUE DATE: pick-up / COD

Supplier: RYB VENTURES CORP.
Address: Block 8 Lot 3 Somerset St., Victorian Heights
Subdivision, Saaya, Quezon City
Type of Business: Merchandising
TIN No.: 625-467-383-00000 VAT Reg.
Tel. No.: 0905-502-1996

PR No.: 2024-01-025
PO No.: 2024-248
Date: 4/23/2024
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	Delivery Term: <u>Pick-Up</u>
Date of Delivery:	Payment Term: <u>COD</u>

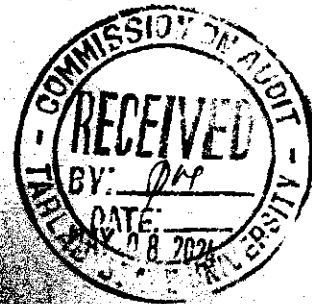
Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
9	piece	CARBURATOR CLEANER	5	250.00	1,250.00
20	piece	IGNITION COIL	5	500.00	2,500.00
33	set	SPARK PLUG, short tip	4	200.00	800.00
warranty: 3 months *****					<u>4,550.00</u>
<i>Purpose: Instructional Materials - APP 1st Quarter 2024</i>					

Four Thousand Five Hundred Fifty Pesos Only

with a period minimum of Three (3) months for expendable supplies, or a minimum period of one (1) year. In case of failure to make full delivery within the time specified above, a penalty of one percent (1%) of the value of the purchase order for every day of delay shall be imposed.

Very truly yours,

DR. ARNOLD E. VELASCO
 President
 Authorized Official



PR No. : 24-26111-2024-04-1926



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33	set	SPARK PLUG, short tip warranty: 3 months ***** <i>Purpose: Instructional Materials - APP 1st Quarter 2024</i>	4	200.00	800.00
					4,550.00

(Total Amount in Words) Four Thousand Five Hundred Fifty 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:



RYB VENTURES CORP.

(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. : 01-2024-01-1324
 Amount : 4,550.00