



PURCHASE ORDER

Procurement Unit

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

DELIVERY DUE DATE: 01/18/24

Supplier: TRIPLE 1 OFFICE SUPPLIES & EQUIPMENT TRADING
Address: 445 M.H. Del Pilar St. Santo Cristo Tarlac City
Type of Business: Merchandising
TIN No.: 441-393-698-000
Tel. No.: 0916-662-3833

PR No.: 2023-09-355
PO No.: 2023-658
Date: 12/13/2023
Mode of Procurement: Small Value

Gentlemen:

Please furnish this office the following articles subject to the terms and conditions contained herein:

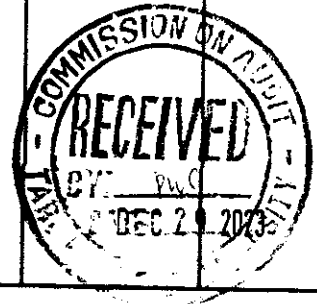
Place of Delivery: TARLAC STATE UNIVERSITY

Delivery Term: 20 calendar days

Date of Delivery:

Payment Term: n/15

Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
1	set	RUBBER PUZZLE MATS, (60x60 cm), (4pcs/set)	8	315.00	2,520.00
3	piece	RECTANGULAR PILLOWS, (8x11 inches)	5	200.00	1,000.00
4	piece	3 PLY FOLDABLE FOAM BED, dimension: 2*30*75" <i>Purpose: to be used for Child Care</i>	3	2,500.00	7,500.00
					11,020.00



(Total Amount in Words) Eleven Thousand Twenty 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. GRACE N. ROSETE
 Vice President for Administration
 Authorized Official

Conforme:

[Signature]
 12/29/23

TRIPLE 1 OFFICE SUPPLIES & EQUIPMENT TRADING

(Signature over printed name & date)

Bank Account Name: _____

Bank Account Number: _____

Bank Name: _____

Bank Address: _____

Funds Available:

[Signature]
JASPER A. YAUDER, CPA
 Budget Officer

ALOPS No.: 11-MWH-219-12-2023
 Amount: 11,021.00



PURCHASE ORDER

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

TRIPLE 1 OFFICE SUPPLIES & EQUIPMENT
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TIN No. : 441-393-698-000
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Very truly yours,

DR. GRACE M. ROSETE
Vice President for Administration
Authorized Official

Conforme:

TRIPLE 1 OFFICE SUPPLIES & EQUIPMENT TRADING

(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. : 11.021.11.019.12.2023
Amount : 11,021.00