



Procurement Unit  
 Telefax No.: 045-606-0142

# PURCHASE ORDER

**DELIVERY DUE DATE:** 9-22-2019

Supplier: <b>EASTER WEAVING ROOM, INC.</b>	PR No.: <b>2019-07-245</b>
Address: <b>#2 Easter Road Guisab, Baguio City</b>	PO No.: <b>2019-491</b>
TIN#: <b>000-712-734-000</b>	Date: <b>8/2/2019</b>
Tel. No.: <b>0920-921-8131</b>	Mode of Procurement: <b>Small Value</b>

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

Place of Delivery: <b>TARLAC STATE UNIVERSITY</b>	Delivery Term: <b>30 calendar days</b>
Date of Delivery:	Payment Term: <b>n/30</b>

Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
1	pcs	<b>HANDWOVEN PLACEMAT</b> , Polyester material brown and gold with design with TSU logo and embroidered word- Philippines, Size: 12" x 18" as per sample	300	250.00	75,000.00
2	pcs	<b>HANDWOVEN PLACEMAT</b> , Polyester material Monochromatic green with design with TSU logo and embroidered word- Philippines, Size: 12" x 18" as per sample	300	250.00	75,000.00
..... Purpose: APP 2019 2nd Qtr - Supplemental					<b><u>150,000.00</u></b>

(Total Amount in Words) One Hundred Fifty Thousand 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,

**DR. GLENARD T. MADRAGA**  
 VP, Admin. & Finance  
 Authorized Official

*Virgilio J. Doligas*  
 Conformer: *Manager*

**Easter Weaving Room, Inc.** 8-23-2019  
 (Signature over printed name & date)

Bank Account Name: **EASTER WEAVING ROOM, INC.**  
 Bank Account Number: **00346 0000 700**  
 Bank Name: **BANCO DE ORO**  
 Bank Address: **ABANAO SQUARE, BAGUIO CITY**



Funds Available:  
**JESUS S. DANGANAN**  
 Budget Officer IV

ALOBS No.:  
 Amount:

No.: TSU-PRO-SF-09

Revision No. 1

Effectivity Date: March 1, 2017

Page 1 of 1

*ad posted 8/23/19*



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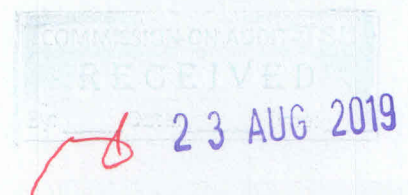
**DR. GLENARD T. MADRIAGA**  
VP, Admin. & Finance  
Authorized Official

Conforme:

**EASTER WEAVING ROOM. INC.**

(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 :