



PURCHASE ORDER

DELIVERY DUE DATE: 08 NOV 2024

Procurement Unit

Telephone No.: 045-606-8142/606-8157

Supplier: **HIGH VISION GENERAL MERCHANDISING CORP.**
 Address: **Tarlac City**
 Type of Business: **Merchandising Business**
 TIN#: **605-160-668-0000 VAT Reg.**
 Tel. No.: **0947-768-2043/ 0917-132-3245**

PR No.: **2024-08-325**
 PO No.: **2024-605**
 Date: **9/27/2024**
 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: 30 Calendar days

Date of Delivery:

Payment Term: n/15

Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
4	piece	PLACEMAT, rectangular, 12 to 14 inches by 16 inches	150	60.00	9,000.00
5	piece	PLACEMAT, round 15 inches	150	60.00	9,000.00
11	piece	TABLE CLOTH, rectangular tables 8-1 size: 60' * 144'	5	600.00	3,000.00
12	piece	TABLE CLOTH, round tables size: 90-120' floor length	10	600.00	6,000.00
13	piece	TABLE CLOTH, square tables size: floor length (108' x 108') Lap Length (72' x 72')	10	600.00	6,000.00
***** Purpose: APP 1st Quarter 2024 (Bed Clothes, Linen, Towels and other Textiles)					<u>33,000.00</u>

(Total Amount in Words) Thirty-Three Thousand 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:

Sw 10/09/24
HIGH VISION GENERAL MERCHANDISING CORP.

(Signature over printed name & date)

Bank Account Name: _____

Bank Account Number: _____

Bank Name: _____

Bank Address: _____



Funds Available:

Sw
JASPER A. YAUDER, CPA
 Budget Officer

ALOBS No.: **02-206441-2024-10-3200**
 Amount: **₱33,000-**