



PURCHASE ORDER

DELIVERY DUE DATE: 1/12/24

Procurement Unit

Tel No: 045-606-8142/606-8157

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: **2023-10-151**
 PO No: **2023-029**
 Date: **12/05/2023**
 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** Delivery Term: **30 calendar days**
 Date of Delivery: Payment Term: **n/15**

Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
1	cart	INK CARTRIDGE, Comcolor 7150, 1000 black x1	5	12,800.00	64,000.00
2	piece	TONER COPIER, Develop Ineo+1070, Developer 614, black	1	13,600.00	13,600.00
3	piece	TONER COPIER, Develop Ineo+1070, Developer 614, cyan	1	25,000.00	25,000.00
4	piece	TONER COPIER, Develop Ineo+1070, Developer 614, magenta	1	25,000.00	25,000.00
5	piece	TONER COPIER, Develop Ineo+1070, Developer 614, yellow	1	25,000.00	25,000.00
6	piece	TONER COPIER, Develop Ineo+1070, TN619, black	5	8,850.00	44,250.00
7	piece	TONER COPIER, Develop Ineo+1070, TN619, cyan	5	15,200.00	76,000.00
8	piece	TONER COPIER, Develop Ineo+1070, TN619, magenta	5	10,600.00	53,000.00
9	piece	TONER COPIER, Develop Ineo+1070, TN619, yellow	5	13,750.00	68,750.00
					394,600.00

.....
 Purpose: **APP-3rd Quarter for 2023 (Print Shop)**

(Total Amount in Words) Three Hundred Ninety Four Thousand Six Hundred 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 S. ROSETE
 Vice President for Administration
 Authorized Official

Conforme

COPYLANDIA OFFICE SYSTEMS CORPORATION
 (Signature over printed name & date)

Bank Account Name: **COPYLANDIA OFFICE SYSTEMS CORP.**
 Bank Account Number: **00514260452**
 Bank Name: **LB**
 Bank Address: **NAKATI CITY**

COMMISSION ON AUDIT
RECEIVED
 By: **DEC 13 2023**

Funds Available:

JASPER A. YAUDER, CPA
 Budget Officer

A/OBS No: **12-167512-2023-11-0150**
 Amount: **P 394,600**

Form No: TSO-PRO-SF-09 | Revision No: 03

Effectivity Date: August 24, 2020 | Page: 1 of 1



PURCHASE ORDER

Procurement Unit

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

DELIVERY DUE DATE: 1/12/24

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.: **2023-10-451** ✓
 PO No.: **2023-629** ✓
 Date: **12/05/2023** ✓
 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** Delivery Term: **30 calendar days** ✓
 Date of Delivery: _____ Payment Term: **n/15** ✓

Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
1	cart	INK CARTRIDGE, Comcolor 7150, 1000 black x1	5 ✓	12,800.00 ✓	64,000.00
2	piece	TONER COPIER, Develop Ineo+1070, Developer 614, black	1 ✓	13,600.00 ✓	13,600.00
3	piece	TONER COPIER, Develop Ineo+1070, Developer 614, cyan	1 ✓	25,000.00 ✓	25,000.00
4	piece	TONER COPIER, Develop Ineo+1070, Developer 614, magenta	1 ✓	25,000.00 ✓	25,000.00
5	piece	TONER COPIER, Develop Ineo+1070, Developer 614, yellow	1 ✓	25,000.00 ✓	25,000.00
6	piece	TONER COPIER, Develop Ineo+1070, TN619, black	5 ✓	8,850.00 ✓	44,250.00
7	piece	TONER COPIER, Develop Ineo+1070, TN619, cyan	5 ✓	15,200.00 ✓	76,000.00
8	piece	TONER COPIER, Develop Ineo+1070, TN619, magenta	5 ✓	10,600.00 ✓	53,000.00
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***** Purpose: APP-3rd Quarter for 2023 (Print Shop) ✓					<u>394,600.00</u>

(Total Amount in Words) Three Hundred Ninety-Four Thousand Six Hundred Pesos Only ✓

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Very truly yours,

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

Conforme:

COPYLANDIA OFFICE SYSTEMS CORPORATION

(Signature over printed name & date)

Bank Account Name: _____
 Bank Account Number: _____
 Bank Name: _____
 Bank Address: _____

COMMISSION ON ADMINISTRATIVE SERVICES
RECEIVED
 By: _____ Date: **DEC 18 2023**

Funds Available:

JASPER A. YAUDER, CPA
 Budget Officer

ALOBS No.: **12-207512-2023-12-0135**
 Amount: **P 394,600**