



PURCHASE ORDER

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

DELIVERY DUE DATE: 09 SEP 2024

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.: **2024-07-228**
PO No.: **2024-508**
Date: **8/6/2024**
Mode of Procurement: **Direct Contracting**

Gentlemen:

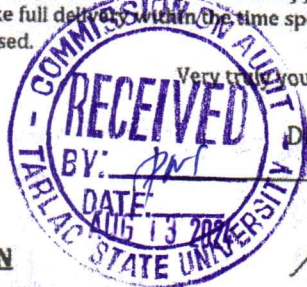
Please furnish this office the following articles subject to the terms and conditions contained herein:

Place of Delivery: **TARLAC STATE UNIVERSITY**
Date of Delivery:
Delivery Term: **30 calendar days**
Payment Term: **n/15**

Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
1	piece	TONER COPIER, Develop INEO + 1070, Developer 614, Black	1	13,600.00	13,600.00
2	piece	TONER COPIER, Develop INEO + 1070, Developer 614, Cyan	1	25,000.00	25,000.00
3	piece	TONER COPIER, Develop INEO + 1070, Developer 614, Magenta	1	25,000.00	25,000.00
4	piece	TONER COPIER, Develop INEO + 1070, Developer 614, Yellow	1	25,000.00	25,000.00
5	piece	TONER COPIER, Develop INEO + 1070, TN619, Black	5	8,850.00	44,250.00
6	piece	TONER COPIER, Develop INEO + 1070, TN619, Cyan	5	15,200.00	76,000.00
7	piece	TONER COPIER, Develop INEO + 1070, TN619, Magenta	5	10,600.00	53,000.00
8	piece	TONER COPIER, Develop INEO + 1070, TN619, Yellow	5	13,750.00	68,750.00
***** Purpose: APP 2024 3rd Quarter Print Shop (for office use)					330,600.00

(Total Amount in Words) Three Hundred Thirty 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. ARNOLD E. VELASCO
President
Authorized Official

Conforme:

[Signature] 08-10-24

COPYLANDIA OFFICE SYSTEMS CORPORATION

(Signature over printed name & date)

Bank Account Name: **COPYLANDIA OFFICE SYSTEMS CORP.**
Bank Account Number: **0051426452**
Bank Name: **LBP**
Bank Address: **MARINA CITY**

VALIDATED BY:
[Signature]
MARILIO P. JARINA JR

Funds Available:

JASPER A. YAUDER, CPA
Budget Officer

ALOS No.: **01-207512-2024-08-0090**
Amount: **₱ 330,600**



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288

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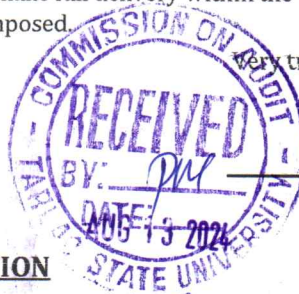
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DR. ARNOLD E. VELASCO
President
Authorized Official

Conforme:

COPYLANDIA OFFICE SYSTEMS CORPORATION

(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.: 02-207512-2024-08 0040
Amount: ₱330,600