



PURCHASE ORDER

Procurement Unit

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

DELIVERY DUE DATE: Weekly

Supplier : **PYP AGRO-INDUSTRIES, INC.**
 Address : **1000 Panganiban St., Tarlac City**
 Type of Business : **Manufacturing**
 TIN # **000-540-804-000 VAT REG.**
 Tel. No. : **(045) 982 - 1747 / 1289 / 1228**

PR No.: **2024-01-004**
 PO No.: **2024-125**
 Date: **02/14/2024**
 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: **Weekly**

Date of Delivery:

Payment Term: **Monthly**

Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
1	bottle	Purified Drinking Water (5 gal/bottle) ***** <i>Purpose: for University and TSU Hotel consumption for the Month of February 2024</i> Terms & Conditions : 1. Provide hot & cold dispensing units w/o any rental fee or charge. 2. Lend New water containers with their caps on and in good condition. 3. Responsible for the cleaning of all dispensers on a monthly basis. 4. Responsible for maintenance and repair of all dispensers. 5. Consumption of Purified drinking water for the Period of January 1, 2024 to December 31, 2024 6. With the following Certificates and Permits: a. License to Operate as to bottled drinking water processor b. Physio-Chemical Test Certificate c. Microbiological Test Certificate d. Report on Bacteriologic Analysis Water e. Mayor's Permit f. Sanitary Permit to Operation	400	30.00	12,000.00



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

Conforme:

PYP AGRO-INDUSTRIES, INC.

(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.: **02-101101-2024-02-0200**
 Amount: **P12000 -**