



PURCHASE ORDER

Procurement Unit

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

DELIVERY DUE DATE: 06-24-2020

Supplier : **SAFPS ENTERPRISES**
 Address : #13 J.M. Basa St., Calumpang, Marikina City
 TIN#: 249-947-040-000
 Tel. No. : 0917-485-0884/ 0927-312-8610
 Contact Person: Maj. Gary J. Pasco

PR No.: 2020-02-032
 PO No.: 2020-135
 Date: 3/5/2020
 Mode of Procurement: Small Value

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: 20 Calendar Days
 Payment Term: N/30

Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
1	unit	REFILL, Fire Extinguisher 10lbs (Dry Chemical), color:red	307	800.00	245,600.00
2	unit	REFILL, Fire Extinguisher 10lbs (HCFC Chemical), color:green	5	5,000.00	25,000.00
3	unit	REFILL, Fire Extinguisher 10lbs (AFFF chemical), color:blue Five (5) years/ Three (3) years, Refilled Item 1 (Dry Chem) for item 1, 2 & 3, Brand New Replacement Note: Item # 1- Defective/ Wornout Cylinder/ Hose Shall be Replaced with new cylinder/ Hose Item # 2 & 3 - Cylinder for refill shall be replaced with SAFPS new cylinder. Old Cylinder for Pull-out upon delivery of Brand New Replacement ***** Purpose: Refill of Expired and replacement of damage canister and worn out/missing hose of fire extinguisher for the whole university	4	1,500.00	6,000.00
					276,600.00

(Total Amount in Words) Two Hundred Seventy Six 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. GLENARD T. MADRIAGA
 VP, Admin. & Finance
 Authorized Official

Conforme:

[Signature]
 MAJ. GARY J. PASCO
 OPERATIONS MANAGER
 6/4/2020
 4 JUNE 2020

SAFPS ENTERPRISES

(Signature over printed name & date)

Bank Account Name: SAFPS ENTERPRISE by: LORETA A. PASCO
 Bank Account Number: 2721-1052-30
 Bank Name: LAND BANK
 Bank Address: CRP MARIKINA CITY BRANCH

COMMISSION ON AUDIT - TSEE
 RECEIVED
 04 JUN 2020

Funds Available:

[Signature]
 ELENA MAY T. TEOFILO
 OIC, Budget Office

ALOPS No. :
 Amount :

ok posted 6/4/2020

No.: TSU-PRO-SF-09

Revision No. 2

Effectivity Date : October 25, 2019

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Conforme:

SAFPS ENTERPRISES

(Signature over printed name & date)

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



Funds Available:

ELENA MAY T. TEFILO
 OIC, Budget Office

ALOBS No. :
 Amount :