



PURCHASE ORDER

Procurement Unit
Telefax No.: 045-982-4630

DELIVERY DUE DATE: WEEKLY

Supplier : PYP AGRO-INDUSTRIES, INC.	PR No.: <u>2018-11-373</u>
Address : <u>1000 Panganiban St., Tarlac City</u>	PO No.: <u>2019-276</u>
TIN # <u>000-540-804-000 VAT REG.</u>	Date: <u>04/23/2019</u>
Tel. No. : <u>982 - 1289/1228</u>	Mode of Procurement: <u>Small Value</u>

Gentlemen:

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

Place of Delivery: TARLAC STATE UNIVERSITY	Delivery Term: <u>Weekly</u>
Date of Delivery:	Payment Term: <u>Monthly</u>

Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
1	gal	Purified Drinking Water (5 gal/pail) ***** Purpose: for University consumption for the Month of MAY 2019. 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, 2019 to December, 2019 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 Anatyasis Water e. Mayor's Permit f. Sanitary Permit to Operation *****	600	27.50	16,500.00

(Total Amount in Words) Sixteen Thousand Five Hundred pesos only.

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,

gfd
DR. GLENARD T. MADRIGA
 VP, Admin. & Finance
 Authorized Official *g*

Conforme:

PYP AGRO-INDUSTRIES, INC.

(Signature over printed name & date)

Bank Account Name: _____

Bank Account Number: _____

Bank Name: _____

Bank Address: _____

Funds Available: _____

[Signature]
JESUS S. DANGANAN
 Budget Officer IV

COMMISSION ON AUDIT-TSU
RECEIVED

By: *[Signature]* Date: _____ Time: _____

29 APR 2019

ALOBS No. :
Amount :

ah posted 4-20