



PURCHASE ORDER

DELIVERY DUE DATE: 2/6/2022

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.: **2021-11-262**
PO No.: **2021-407**
Date: **11/26/2021**
Mode of Procurement: **Direct Contracting**

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

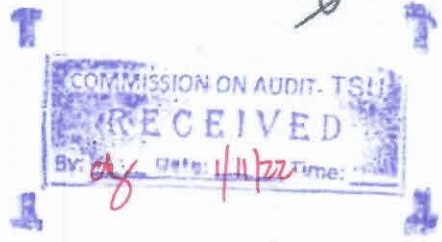
Place of Delivery: **TARLAC STATE UNIVERSITY** Delivery Term: **30 calendar days**
Date of Delivery: Payment Term: **n/30**

Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
1	pc	F PRESS TANK S VE EX: SU 052-75230-202, for digital comcolor 7150	1	20,566.00	20,566.00
2	pcs	K PRESS TANK ASSY SET: SU 052-75851-005, For Digital Comcolor 7150	3	11,296.00	33,888.00
..... Purpose: For Office use					54,454.00

[Total Amount in Words] Fifty Four Thousand Four Hundred Fifty Four 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. ARMEE N. ROSEL ^{R-63-2}
V. Research & Extension Services
Authorized Official

Conforme: *Vanessa M. Siano* 01/07/22
COPYLANDIA OFFICE SYSTEMS CORPORATION
(Signature over printed name & date)
Bank Account Name: **COPYLANDIA OFFICE SYSTEMS CORP**
Bank Account Number: **00514264**
Bank Name: _____
Bank Address: _____



Funds Available: *Ryan R. Ronquillo*
RYAN R. RONQUILLO
OIC, Budget Office

ALOBS No. : **12-207512-2021-17-**
Amount :

ok posted 1/11/22



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Very truly yours,

12-03-21
DR. ARMEE N. ROSEL

VP Research & Extension Services

Authorized Official

Conforme:

COPYLANDIA OFFICE SYSTEMS CORPORATION

(Signature over printed name & date)

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



Funds Available:

[Signature]
RYAN R. RONQUILLO
OIC, Budget Office

ALOBS No. :
Amount :