



# PURCHASE ORDER

**DELIVERY DUE DATE:** 4/19/24

Procurement Unit  
Tel No. (045) 606-8142/ 606-8157

Supplier: **LAMBERT TRADING**  
Address: **Quezon Street, Talavera, Nueva Ecija**  
Type of Business: **Merchandising**  
TIN No.: **220-934-592-000**  
Tel. No.: **0945-430-3594**

PR No.: **2024-02-046**  
PO No.: **2024-168**  
Date: **3/19/2024**  
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**  
Date of Delivery:

Delivery Term: **30 calendar days**  
Payment Term: **n/15**

Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
3	piece	HAIR COMB, fine	100	18.00	1,800.00
4	piece	NAIL CUTTER	100	22.00	2,200.00
5	piece	FACE TOWEL	100	23.00	2,300.00
					<b>6,300.00</b>
<p>Warranty: 3 months</p> <p>.....</p> <p>Purpose: Long Term Extension Service: Health and Hygiene Under Approved University 1st Community Development projects and Capacity Building for Project Implementation: COS Angat 4K Program</p>					



(Total Amount in Words) Six Thousand Three 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**  
University President  
Authorized Official

Conforme:

**LAMBERT TRADING**

(Signature over printed name & date)

Bank Account Name: **LAMBERT TRADING**

Bank Account Number: **2902-1054-79**

Bank Name: **Landbank of the Philippines**

Bank Address: **Talavera, Nueva Ecija**

Funds Available:

**IASPER VAUDER, CPA**  
Budget Officer

ALOPS No.: **01-2024-204-03-0596**  
Amount: **6,300.00**



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Very truly yours,

**DR. ARNOLD E. VELASCO**  
University President  
Authorized Official

Conforme:

### LAMBERT TRADING

(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. : 02-206441-2024-03-0898  
Amount : 6,300.00