Procurement Unit
Tel No.: 045-606-8110 local 157/142

PURCHASE ORDER

DELIVERY DUE DATE: 23 MAY 2025

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.: 2025-03-099
PO No.: 2025-198
Date: 4/3/2025
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**
Date of Delivery:
Delivery Term: 30 calendar days
Payment Term: n/15

Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
1	cartridge	**INK,** Cartridge, Comcolor 7150, 1000, Black XI	5	12,800.00	64,000.00
2	cartridge	**INK,** Cartridge, Comcolor 7150, 1000, Cyan XI	5	25,000.00	125,000.00
3	cartridge	**INK,** Cartridge, Comcolor 7150, 1000, Magenta XI	5	25,000.00	125,000.00
4	cartridge	**INK,** Cartridge, Comcolor 7150, 1000, Yellow XI	5	25,000.00	125,000.00
5	piece	**TONER COPIER,** Develop Ineo + 1070, Developer 614, Black	1	13,600.00	13,600.00
6	piece	**TONER COPIER,** Develop Ineo + 1070, Developer 614, Yellow	1	25,000.00	25,000.00
7	piece	**TONER COPIER,** Develop Ineo + 1070, TN619, Black	5	8,850.00	44,250.00
8	piece	**TONER COPIER,** Develop Ineo + 1070, TN619, Cyan	5	15,200.00	76,000.00
9	piece	**TONER COPIER,** Develop Ineo + 1070, TN619, Magenta	5	10,600.00	53,000.00
10	piece	**TONER COPIER,** Develop Ineo + 1070, TN619, Yellow	5	13,750.00	68,750.00
		************************************			719,600.00
		Purpose: for BC-Print Shop. APP 1st Quarter 2025			

(Total Amount in Words) Seven Hundred Nineteen Thousand Six Hundred Pesos Only

Warranty shall be for a perod 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 percentfor every day of delay shall be imposed.

Very truly yours,

DR. ARNOLD E. VELASCO
President
Authorized Official

Conforme: 04-22-2025
MARISSA M. SILONO *received email 4/23/25
COPYLANDIA OFFICE SYSTEMS CORPORATION
(Signature over printed name & date)

Bank Account Name: COPYLANDIA OFFICE SYSTEMS CORP.
Bank Account Number: 0054 2664 52
Bank Name: LBP
Bank Address: MAKATI CITY

COMMISSION ON AUDIT RECEIVED APR 23 2025 DATE TARLAC STATE UNIV.

Funds Available:

JASPER A. YAUDER, CPA
Budget Officer

ALOBS No.: 02-207512-2025-04-0028
Amount: ₱719,600-

Form No.: TSU-PRO-SF 09 | Revision No. 03 | Effectivity Date: August 24, 2020 | Page 1 of 1

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DR. ARNOLD E. VELASCO
President
Authorized Official

Conforme:

COPYLANDIA OFFICE SYSTEMS CORPORATION
(Signature over printed name & date)
Bank Account Name:
Bank Account Number:
Bank Name:
Bank Address:

RECEIVED
DATE APR 23 2025

Funds Available:

JASPER A. YAUDER, CPA
Budget Officer

ALOBS No.: 02-207512-2025-04-0028
Amount: ₱719600-