



# PURCHASE ORDER

Procurement Unit

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

**DELIVERY DUE DATE:** 04-05-2020

Supplier : **COPYLANDIA OFFICE SYSTEMS CORPORATION**  
 Address : 718 Bumatay St. Mandaluyong City, Manila  
 TIN# : 002-332-000-000 VAT Reg.  
 Tel. No. : 075-515-3306/0917-556-8680

PR No.: 2020-02-0 9  
 PO No.: 2020-119  
 Date: 2/26/2020  
 Mode of Procurement: Direct Contracting

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/30

Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
9	cart	INK CART, Comcolor 7150, 1000, Black	5	12,800.00	64,000.00
18	pc	TONER COPIER, Develop INEO + 1070, TN619, Black	5	7,500.00	37,500.00
19	pc	TONER COPIER, Develop INEO + 1070, TN619, Cyan	5	13,000.00	65,000.00
20	pc	TONER COPIER, Develop INEO + 1070, TN619, Magenta	5	9,000.00	45,000.00
21	pc	TONER COPIER, Develop INEO + 1070, TN619, Yellow	5	11,500.00	57,500.00
					<b>269,000.00</b>

\*\*\*\*\*  
 Purpose: APP-2020 1st Quarter

(Total Amount in Words) Two Hundred Sixty Thousand 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. MADRAGA**  
 VP, Admin. & Finance

Authorized Official

Conforme: *VAJEC* *02/26/20*  
*M. SIMANO*

## COPYLANDIA OFFICE SYSTEMS CORPORATION

(Signature over printed name & date)

Bank Account Name: COPYLANDIA OFFICE SYSTEMS COMP  
 Bank Account Number: 00514 264 12  
 Bank Name: LXND BANK  
 Bank Address: MANILA CITY



Funds Available:

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

ALOBS No. :  
 Amount :

No.: TSU-PRO-SF-09

Revision No. 2

Effectivity Date : October 25, 2019

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*noted 3/26/2020*



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(Signature over printed name & date)

Bank Account Name: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_

Funds Available:

ELENA MAY T. TEOFILO

OIC, Budget Office



ALOBS No. :

Amount :