



PURCHASE ORDER

DELIVERY DUE DATE: *Weekly*

Procurement Unit
Tel No.: 045-606-8142/ 606-8157

Supplier : **PYP AGRO-INDUSTRIES, INC.**
Address : **1000 Panganiban St., Tarlac City**
Type of Business : **Manufacturing**
TIN # **000-540-804-000 VAT REG.**
Tel. No. : **982 - 1289/1228**

PR No.: **2021-12-297**
PO No.: **2022-189**
Date: **4/22/2022**
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** Delivery Term: **Weekly**
Date of Delivery: _____ Payment Term: **Monthly**

Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
1	gal	Purified Drinking Water (5 gal/pail) ***** <i>Purpose: for TSU University consumption for the Month of May 2022</i> 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, 2022 to December 31, 2022 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 Analysis 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

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
VP, Research & Extension Services
Authorized Official

Conforme:
PYP AGRO-INDUSTRIES, INC.
(Signature over printed name & date)

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



Funds Available:

JASPER A. YAUDER, CPA
Budget Officer

ALOPS No. :
Amount :