





DELIVERY DUE DATE: 1 6 APR 2025

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

Supplier: COPYLANDIA OFFICE SYSTEMS CORPORATION

Address: 252 AB Fernandez Ave., Dagupan City

Type of Business:

Merchandising 002-332-000-021 VAT Reg.

TIN No.: Tel. No.:

075-5153306 / Fax: 075-5223267 / 0917-6527393

PR No.: 2025-03-101

PO No.: 2025-190

Date: 3/21/2025

Mode of Procurement: Direct Contracting

Gentlemen:

Please furnish this office the following articles subject to the terms and conditions contained her

Place of Delive Date of Delive		TARLAC STATE UNIVERSITY	Delivery Term: Payment Term:		20 calendar days n/15
Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
1	pièce	DU105 Spare Parts Purpose: for BC-Print Shop. APP 1st Quarter 2025	1	50,000.00	50.000.00
			Canal	SION ON AUG	
			180	ATE UNIVERSI	

(Total Amount in Words) Fifty Thousand 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 nonexpendable 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,

President

Conforme:

COPYLANDIA OFFICE SYSTEMS CORPORATION

(Signature over printed hame & date)

Bank Account Name:

COPYLANDIA OFFICE SYSTEMS COINE

Bank Account Number:

00514264452

Bank Name:

LBP

Bank Address:

MARATI CITY

Funds Available:

IASPER A. YAUDER, CPA

Budget Officer

Form No.: TSU-PRO-SF 09 Revision No. 03 ALOBS No.: 41- 107517-2025-03-0023

Amount : \$5000

Effectivity Date: August 24, 2020 Page 1 of 1







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1 icase i	armon and on	ice the following at deles subject to the terms and condi-	tions contai	neu nerem.	
Place of Deli	very:	TARLAC STATE UNIVERSITY	Delivery Term:		20 calendar days
Date of Delivery:			Payment Term:		<u>n/15</u>
Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
1	piece	COPIER SPARE PARTS, Develop Ineo+1070 Drum DU105 Spare Parts ************************************	DATE	50,000.00 MAR 2 7 2025 TE UNIVERSITE	50,000.00

(Total Amount in Words) Fifty Thousand Pesos Only

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every day of delay shall be imposed. Very truly yours, DR. ARNOLD E. VELASCO Authorized Official Conforme: COPYLANDIA OFFICE SYSTEMS CORPORATION (Signature over printed name & date) Bank Account Name: Bank Account Number: Bank Name: Bank Address: Funds Available: ALOBS No.: 12-207512, 2025 -03-0023

JASPER A. YAUDER, CPA

Form No.: TSU-PRO-SF 09

Revision No. 03

Amount: Fro col **Budget Officer**

Effectivity Date : August 24, 2020

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