



PURCHASE ORDER

Procurement Unit

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

DELIVERY DUE DATE: Pick-Up / WD

Supplier : **ROBINSONS SUPERMARKET CORP.**
 Address : **F. Tañedo St., Brgy. Poblacion, Tarlac City**
 Type of Business : **Merchandising**
 TIN No. : **000-405-340-136 VAT Reg.**
 Tel. No. : **491-8517**

PR No.: **2025-01-024**
 PO No.: **2025-112**
 Date: **02/13/2025**
 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: **Pick-Up**
 Payment Term: **C.O.D**

| Item No. | Unit | Description | Quantity | Unit Cost | Total Cost |
|--|------|--|----------|-----------|-------------------------|
| 6 | pack | CUP, disposable paper 50pcs/pack, Rob. Paper cup printed | 50 | 84.00 | 4,200.00 |
| 14 | pack | TISSUE, Sanicare Kitchen Towel Jumbo | 24 | 134.75 | 3,234.00 |
| 17 | pack | WIPES, Sanicare cleansing wipes | 24 | 101.75 | 2,442.00 |
| 18 | pack | WIPES, Blest Home disinfect wipes | 4 | 99.00 | 396.00 |
| ***** Purpose: Grocery Items - APP 2025 | | | | | <u>10,272.00</u> |

(Total Amount in Words) Ten Thousand Two Hundred Seventy-Two 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

President

Authorized Official

Conforme:

Aira Marie Salazar 2-14-25

ROBINSONS SUPERMARKET CORP.

(Signature over printed name & date)

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

Funds Available:

JASPER A. YAUDER, CPA

Budget Officer

ALOB No. : **02-206411-2025-02-0576**

Amount: **10,272.00**