



PURCHASE ORDER

Procurement Unit

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

DELIVERY DUE DATE: Pick-up/COD

Supplier: **SONAK CORPORATION**
 Address: **Sonak Centre Km 18 West Service Road South Luzon Expressway, Parañaque City**
 Type of Business: **Merchandising**
 TIN No.: **008-913-923-000 VAT Reg.**
 Tel. No.: **(02)776-1234**

PR No.: **2022-08-218**
 PO No.: **2022-497**
 Date: **10/18/2022**
 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**

Date of Delivery:

Delivery Term: **Pick-up**
 Payment Term: **COD**

Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
4	pcs	TOWEL GRIP, Badminton	20	50.00	1,000.00
6	pcs	BASKETBALL, Premium comp leather, 12P/S6	5	2,050.00	10,250.00
7	pcs	BASKETBALL, Premium comp leather, 12P/S7	10	2,050.00	20,500.00
19	pcs	FOOTBALL, PU leather laminated 32P/S5	5	1,150.00	5,750.00
42	box	TAPE, Pre taping foam under wrap, Natural	4	3,950.00	15,800.00
Purpose: Various sports supplies & materials for training purposes APP 2022 3rd Qtr					53,300.00

(Total Amount in Words) Fifty Three Thousand Three 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. GRACIN. ROSETE
 Vice President for Administration
 Authorized Official

Conforme:
TOK ALIZA PALTANA OCT. 20, 2022

SONAK CORPORATION

(Signature over printed name & date)

Bank Account Name: **SONAK CORPORATION**
 Bank Account Number: **0065-0801-1481**
 Bank Name: **BANCO DE ORO**
 Bank Address: **ALABANG HILLS**

RECEIVED
 Date: **OCT 26, 2022**

Funds Available:

JASPERA YAUDER, CPA
 Budget Officer

ALOPS No.: **02-202441-2022-1457**
 Amount: **53,300.00**



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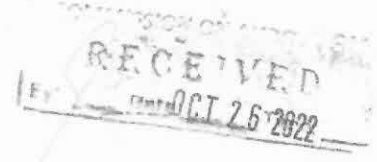
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Very truly yours,
DR. GRACE N. ROSETE
Vice President for Administration
Authorized Official

Conforme:

SONAK CORPORATION

(Signature over printed name & date)
Bank Account Name: _____
Bank Account Number: _____
Bank Name: _____
Bank Address: _____



Funds Available:
JASPER A. YAUDER, CPA
Budget Officer

ALOBS No.: 02-202411-2022-10-1452
Amount: 53,300.00