



PURCHASE ORDER

DELIVERY DUE DATE: 5/30/2021

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

Supplier: **VALLERY ENTERPRISES**
Address: **Mabini St. Extension, Cabanatuan City, Nueva Ecija**
Type of Business: **Merchandising**
TIN No.: **154-926-469-000**
Tel. No.: **0975-489-8339/ 0933-864-2092**

PR No.: **2021-02-053**
PO No.: **2021-140**
Date: **4/22/2021**
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: **30 calendar days**
Date of Delivery: Payment Term: **n/30**

Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
3	set	BED SHEET, with pillow case for hospital bed	10	800.00	8,000.00
8	pcs	DISINFECTANT WIPES, Lysol	18	195.00	3,510.00
					11,510.00
..... <i>Purpose: for PPMP 2021 - Medical supplies and equipments</i>					

COMMISSION ON MODERNIZATION
RECEIVED
BY: *JST* Date: **05 MAY 2021**

(Total Amount in Words) Eleven Thousand Five Hundred Ten 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: *[Signature]*
VERONICA S. DIZON 4/30/2021

VALLERY ENTERPRISES

(Signature over printed name & date)

Bank Account Name: **VALLERY ENTERPRISES**
Bank Account Number: **010440205475**
Bank Name: **EDO**
Bank Address: **SM CABANATUAN CITY**

Funds Available:
ELENA MAY T. TEOFILO
Head, Budget Office

ALOPS No. :
Amount :

*ah
noted
5/7/21*



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COMMISSION ON AUDIT - TSU
RECEIVED
By JCT Date 05 MAY 2021

(Total Amount in Words) Eleven Thousand Five Hundred Ten Pesos Only

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Very truly yours,

DR. ARMEE'N. ROSEL
VP, Research & Extension Services
Authorized Official

Conforme:

VALLERY ENTERPRISES

(Signature over printed name & date)

Bank Account Name:

Bank Account Number:

Bank Name:

Bank Address:

Funds Available:

ELENA MAY T. TEOFILO
Head, Budget Office

ALOBS No. :
Amount :

Form No.: TSU-PRO-SF 09 | Revision No. 03

Effectivity Date : August 24, 2020

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