



PURCHASE ORDER

Procurement Unit

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

DELIVERY DUE DATE: 4/4/2022

Supplier: MHIKE SOLAR ENERGY SHOP	PR No.: 2022-02-035
Address: Y & Y Building, Magsaysay, Alaminos City, Pangasinan	PO No.: 2022-109
Type of Business: Merchandising	Date: 3/3/2022
TIN No.: 739-967-759-000 Non-VAT	Mode of Procurement: Small Value
Tel. No.: 0997-218-3119/0963-859-6672	

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
1	pcs	BATTERY, For Golf Cart, LVTOPSUN 12V100AH/10HR (25°C) <i>Warranty: One year apply in factory defect. Mishandle, misused, modified by other installer and Natural Calamities is not included</i> ***** <i>Purpose: For replacement of the defective battery for the TSU Cart No. 3</i>	4	10,000.00	40,000.00

(Total Amount in Words) Forty Thousand 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,

[Signature]
DR. ARMEE N. ROSEL

VP, Research & Extension Services

Authorized Official

Conforme:

[Signature] / March 5, 2022

MHIKE SOLAR ENERGY SHOP

(Signature over printed name & date)

Bank Account Name:

Layenela R. Andaya

Bank Account Number:

005450612584

Bank Name:

BDO Alaminos Branch

Bank Address:

Marcos Avenue, Alaminos City, Pangasinan

Funds Available:

[Signature]
JASPER A. VAUDER, CPA

Budget Officer

ALOBS No.: 02-10281-22-03-004

Amount: ₱ 40,000

Form No.: TSU-PRD-SF 09

Revision No. 03

Effectivity Date: August 24, 2020

Page 1 of 1

COMMISSION ON ADPT. TSU
RECEIVED
 By: *[Signature]* Date: MAR 08 2022

*ok noted
3/8/2022*



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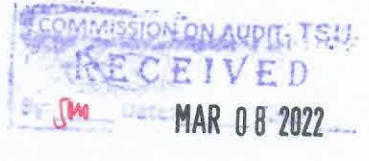
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VP, Research & Extension Services
Authorized Official

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(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.: 02-10201-22-03-004
Amount: ₱ 40,000.00