



PURCHASE ORDER

Procurement Unit

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

DELIVERY DUE DATE: Pick-up / 1000

Supplier : ROBINSONS SUPERMARKET CORP.	PR No.: <u>2023-07-250</u>
Address : <u>Tarlac Metro Town Mall, Mc. Arthur Highway, Sto. Cristo, Tarlac</u>	PO No.: <u>2023-309</u>
Type of Business : <u>Merchandising</u>	Date: <u>07/07/2023</u>
TIN No. : <u>000-405-340-00138 VAT REG.</u>	Mode of Procurement: <u>Small Value</u>
Tel. No. : <u>0923-739-3620</u>	

Gentlemen:

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

Place of Delivery: TARLAC STATE UNIVERSITY	Delivery Term: <u>Pick-up</u>
Date of Delivery:	Payment Term: <u>C.O.D</u>

Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
1	pack	OATS, 500g, Australia Harvest	5	74.25	371.25
7	pack	CHOCOLATE CHIPS, Dutche, 350g	5	110.00	550.00
12	bottle	OIL, Vegetable, 475ml, Orchids	6	69.00	414.00
***** <i>Purpose: for the production of Muscobites for Thrive 2023</i>					<u>1,335.25</u>

(Total Amount in Words) One Thousand Eight Hundred Eleven Pesos and Seventy Five Centavos 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. GRACE N. ROSETE
 Vice President for Administration
 Authorized Official

Conforme:

7-14-23

ROBINSONS SUPERMARKET CORP.

(Signature over printed name & date)

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

COMMISSION ON AUDIT - TSU
RECEIVED
 By: [Signature] Date: 07/14/2023

Funds Available:

JASPER A. YAUDER, CPA
 Budget Officer

ALOBS No.: 02-102401-2023-07-0407
 Amount: ₱ 1,335.25