

ASAP



PURCHASE ORDER

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

DELIVERY DUE DATE: 6/9/24

Supplier: **UNIQUE SPORTS WORLD & GEN. MDSE.**
Address: **SIR Bldg. M.H. del Pilar St., Brgy. Sto. Cristo Tarlac City**
Type of Business: **Merchandising**
TIN No.: **223-886-566-000**
Tel. No.: **(045) 982-9568**

PR No.: **2024-02-070**
PO No.: **2024-288**
Date: **5/7/2024**
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/15**

Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
1	pair (s)	ARNIS, Padded Stick (red and blue) ✓	50 ✓	448.00 ✓	22,400.00
2	piece (s)	BADMINTON, Over Grip Tape, hand grip ✓	20 ✓	115.00 ✓	2,300.00
3	tube ✓	SHUTTLE COCK, for badminton ✓	30 ✓	1,770.00 ✓	53,100.00
4	piece (s)	BADMINTON, Towel Grip Tape, hand grip ✓	20 ✓	475.00 ✓	9,500.00
6	piece (s)	BASEBALL, Gloves Set Left Handed ✓	6 ✓	1,480.00 ✓	8,880.00
8	pair (s)	GLOVES, for boxing ✓	3 ✓	2,955.00 ✓	8,865.00
9	piece (s)	BOXING, Groin Protector ✓	2 ✓	975.00 ✓	1,950.00
10	piece (s)	BOXING, Head Gear ✓	3 ✓	3,585.00 ✓	10,755.00
13	board ✓	CHESS, Demo Board ✓	2 ✓	1,788.00 ✓	3,576.00
15	piece (s)	STOPWATCH, Multi-function Display, water resistant ✓	3 ✓	1,477.00 ✓	4,431.00
					125,757.00

Purpose: Sports Supplies and Materials - APP 1st Quarter 2024

(Total Amount in Words) One Hundred Twenty-Five Thousand Seven Hundred Fifty-Seven 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

Conforme:

[Signature] 5/10/24



Very truly yours,

DR. ARNOLD E. VELASCO
President

Authorized Official *[Signature]*

UNIQUE SPORTS WORLD & GEN. MDSE.

(Signature over printed name & date)

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

Funds Available:

[Signature]
JASPER A. YAUDER, CPA
Budget Officer

ALOBS No.: *02-2024-011-2024-05-14860*
Amount: *125,757.00 - w*