



PURCHASE ORDER

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

DELIVERY DUE DATE: 10 AUG 2024

Supplier : **INFOWORX INC.**
Address : **Mc Arthur Highway, San Roque, Tarlac City**
Type of Business : **Merchandising**
TIN No. : **004-845-988-005 VAT Reg.**
Tel. No. : **Telefax No.: 045-491-2383**

PR No.: **2024-04-160**
PO No.: **2024-393**
Date: **6/5/2024**
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: **45 calendar days**
Date of Delivery: _____ Payment Term: **n/30**

Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
1	unit	OFFICE LAPTOP , Lenovo, IdeaPad Slim 3i x80 83EM000EPH Processor: Intel® Core™ i5-13420H, 8C (4P + 4E) / 12T, P-core 2.1 / 4.6GHz, E-core 1.5 / 3.4GHz, 12MB Memory: 16GB Soldered LPDDR5-4800, not upgradable Graphics: Integrated Intel® UHD Graphics Storage: 512GB SSD M.2 2242 PCIe@ 4.0x4 NVMe@ Display: 15.6" FHD (1920x1080) IPS 300nits Anti-glare Operating System Windows® 11 Home Single Language, English Bundled Software: Office Home & Student 2021 Warranty: 3Years Premium Care-IPENTRY (ESS)	1	44,000.00	44,000.00
3	unit	DSLR WITH MEMORY CARD ; Canon, EOS 1500D (W) w/18-55 IS II / 2729C006 with Sandisk 64GB SD Card Warranty: 1Year	1	35,000.00	35,000.00
					<u>79,000.00</u>

Purpose: for Extension Equipment for Long-term Project Titled PURA: Partners in Progress through Utilization of Abundant Resources in an Adaptive Community.

(Total Amount in Words) Seventy-Nine 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,

DR. ARNOLD E. VELASCO
President

Authorized Official



Conforme:

Jasper A. Yauder 06-06-2024

INFOWORX INC.

(Signature over printed name & date)

Bank Account Name: _____

Bank Account Number: _____

Bank Name: _____

Bank Address: _____

Funds Available:

Jasper A. Yauder
JASPER A. YAUDER, CPA
Budget Officer

ALOBS No. *02766441-2024-06-2024*
Amount: *79,000.00*