



PURCHASE ORDER

DELIVERY DUE DATE: 2/9/2020

Procurement Unit
Tel No.: 045-606-0142

Supplier: **SAFPS ENTERPRISE**
Address: #13 J.M. Basa St., Calumpang, Marikina City
TIN No.: 249-947-040-000
Tel. No.: 0917-485-0884 / 0925-312-8610

PR No.: 2019-10-372
PO No.: 2019-837
Date: 12/27/2019
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**
Date of Delivery: _____
Delivery Term: 30 calendar days
Payment Term: N/30

Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
1	pcs	FIRE EXTINGUISHER, 5lbs., Dry Chemicals, refill	37	1,200.00	44,400.00
2	pcs	FIRE EXTINGUISHER, 10lbs. Dry Chemicals, refill	1	2,000.00	2,000.00
3	pcs	FIRE EXTINGUISHER, 10lbs. Foam, refill	3	3,000.00	9,000.00
<i>Note: Old TSU cylinders for refill shall be replaced with SAFPS new cylinder complete with bracket. Old cylinders for pull-out as schedule upon delivery of new replacement</i> ***** <i>Purpose: Will be used in case of fire and in compliance with the bureau of fire protection's inspection report</i> <i>Warranty: ABC Drychem: 5yrs; AFFF: 2yrs</i>					55,400.00

(Total Amount in Words) Ninety Six 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,

COMMISSION ON AUDIT
RECEIVED

DR. GLENARD T. MARIAGA
VP, Admin. & Finance
Authorized Official

Conformed:

[Signature]
MALEARY J. PASCO
SAFPS ENTERPRISE

(Signature over printed name & date)

Bank Account Name: SAFPS ENTERPRISE

Bank Account Number: 2721-1052-30

Bank Name: LAND BANK

Bank Address: MARIKINA BRANCH

Funds Available:

[Signature]
JESUS S. DANGANAN
Budget Officer IV

ALOBS No. :
Amount :



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Very truly yours,

COMMISSION ON AUDIT - TSU
RECEIVED

10 JAN 2020

DR. GLENARD T. MADRIAGA
VP, Admin. & Finance
Authorized Official

Conforme:

SAFPS ENTERPRISES

(Signature over printed name & date)

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

Funds Available:

JESUS S. DANGANAN
Budget Officer IV

ALOBS No. :
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