



PURCHASE ORDER

Procurement Unit

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

DELIVERY DUE DATE: February 19, 2024

Supplier : **NEW LA SUERTE HARDWARE CORP.**
 Address : **F. Tañedo, St., Poblacion, Tarlac City**
 Type of Business : **Merchandising**
 TIN No. : **203-807-986-000 VAT Reg.**
 Tel. No. : **(045) 982-2766**

PR No.: **2024-01-033**
 PO No.: **2024-124**
 Date: **02/14/2024**
 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: **February 19, 2024**
 Date of Delivery: Payment Term: **n/15**

Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
1	liter	PAINT, Acrylic, Black	2	220.00	440.00
3	liter	PAINT, Acrylic, Pink	1	220.00	220.00
4	liter	PAINT, Acrylic, Orange	1	220.00	220.00
6	liter	PAINT, Acrylic, White	1	220.00	220.00
7	liter	PAINT, Acrylic, Brown	1	220.00	220.00
10	piece	PAINT BRUSH, nylon, (3")	3	75.00	225.00
11	piece	PAINT BRUSH, nylon, (1")	3	25.00	75.00
12	roll	NYLON STRING, Crystal (80 x 37 mtrs)	3	35.00	105.00
15	bottle	PAINT THINNER	3	50.00	150.00
16	can	SPRAY PAINT, Black	2	115.00	230.00
17	can	SPRAY PAINT, Light Green	2	115.00	230.00
18	can	SPRAY PAINT, Light Orange	2	115.00	230.00
20	can	SPRAY PAINT, Red	2	115.00	230.00
***** Purpose: Materials to be used for CBA Sportsfest on February 19, 2024					2,795.00

(Total Amount in Words) Two Thousand Seven Hundred Ninety Five 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,

Conforme:

[Handwritten Signature] 2/15

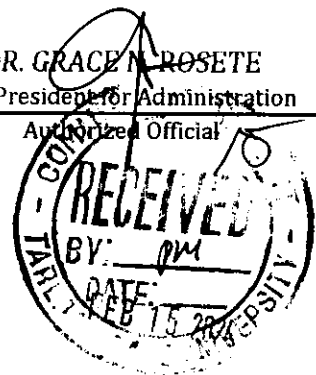
DR. GRACE N. ROSETE
Vice President for Administration

Authorized Official

NEW LA SUERTE HARDWARE CORP.

(Signature over printed name & date)

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



Funds Available:

[Handwritten Signature]
JASPER A. YAUDER, CPA
Budget Officer

ALOBS No.: **02-2024-01-033-02-0159**
Amount: **2,795.00**