



PURCHASE ORDER

Procurement Unit

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

DELIVERY DUE DATE: *weekly*

Supplier : **PYP AGRO-INDUSTRIES, INC.**
 Address : 1000 Panganiban St., Tarlac City
 Type of Business : Manufacturing
 TIN # 000-540-804-000 VAT REG.
 Tel. No. : 982 - 1289/1228

PR No.: 2021-12-297
 PO No.: 2022-288
 Date: 6/22/2022
 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: Weekly

Payment Term: Monthly

Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
1	gal	Purified Drinking Water (5 gal/pail) ***** <i>Purpose: for TSU University consumption for the Month of July 2022</i> Terms & Conditions : 1. Provide hot & cold dispensing units w/o any rental fee or charge. 2. Lend New water containers with their caps on and in good condition. 3. Responsible for the cleaning of all dispensers on a monthly basis. 4. Responsible for maintenance and repair of all dispensers. 5. Consumption of Purified drinking water for the Period of January 1, 2022 to December 31, 2022 6. With the following Certificates and Permits a. License to Operate as to bottled drinking water processor b. Physio-Chemical Test Certificate c. Microbiological Test Certificate d. Report on Bacteriologic Analysis Water e. Mayor's Permit f. Sanitary Permit to Operation	650	27.50	<u>17,875.00</u>

(Total Amount in Words) Seventeen Thousand Eight Hundred Seventy 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,

[Signature]
DR. GRACE N. ROSETE

Vice President for Administration

Authorized Official *[Signature]*

Conforme:

[Signature] 7/5/2022

PYP AGRO-INDUSTRIES, INC.

(Signature over printed name & date)

Bank Account Name: _____

Bank Account Number: _____

Bank Name: _____

Bank Address: _____

Funds Available:

[Signature]
IASPER A. YAUDER, CPA

Budget Officer



ALOBS No. : D2-101101-22-00-0502

Amount : 17,875

No.: TSU-PRO-SF-09

Revision No. 03

Effectivity Date: August 24, 2020

Page 1 of 1