



# PURCHASE ORDER

**DELIVERY DUE DATE:** Pick - Up / C.O.D.

Procurement Unit

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

Supplier : <b>ROBINSONS SUPERMARKET CORP.</b>	PR No.: <b>2023-11-469</b>
Address : <b>Tarlac Metro Town Mall, Mc. Arthur Highway, Sto. Cristo, Tarlac</b>	PO No.: <b>2023-653</b>
Type of Business : <b>Merchandising</b>	Date: <b>12/07/2023</b>
TIN No. : <b>000-405-340-00138 VAT Reg.</b>	Mode of Procurement: <b>Small Value</b>
Tel. No. : <b>0923-739-3620</b>	

Gentlemen:

Please furnish this office the following articles subject to the terms and conditions contained herein:

Place of Delivery: <b>TARLAC STATE UNIVERSITY</b>	Delivery Term: <b>Pick-up</b>
Date of Delivery:	Payment Term: <b>C.O.D</b>

Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
5	piece	<b>BODY SOAP, 85grams, Green Cross Papaya &amp; Honey</b> ***** <i>Purpose: Long Term Extension Services: Health and Hygiene Under Approved University 1st Community Development Projects and Capacity Building for Project Implementation: COS Angat 4K Program</i>	100	28.25	<b>2,825.00</b>

(Total Amount in Words) Two Thousand Eight Hundred Twenty-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,

**DR. GRACE N. ROSETE**  
Vice President for Administration

Authorized Official

Conforme: *JA* 12/13/23

**ROBINSONS SUPERMARKET CORP.**

(Signature over printed name & date)

Bank Account Name: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_

*JA*

DEC 13 2023

Funds Available:

*JA*

**JASPER A. YAUDER, CPA**  
Budget Officer

ALOBS No. : *68-704491-2019-12-2411*

Amount : *2,825.00*