



PURCHASE ORDER

DELIVERY DUE DATE: 6/25/21

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

Supplier : **RGC MARKETING**
Address : #7 Atlanta St. Niñas Village Subd., Brgy. Suizo, Tarlac City
Type of Business : Merchandising
TIN No. : 176-842-610-000 VAT Reg.
Tel. No. : 0942-741-4143

PR No.: 2021-02-044
PO No.: 2021-164
Date: 5/14/2021
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
45	box	ENVELOPE, Mailing, White, 500pcs/box	10	298.00	2,980.00
48	box	FASTENER, metal, 70mm	471	50.00	23,550.00
66	bottle	INK REFILL, for whiteboard marker, red	5	139.00	695.00
68	set	MARKER, Fluorescent, Ordinary	86	28.00	2,408.00
76	pad	NOTE PAD, Stick-on, 2" x 3" 100 sheets/pad	26	16.00	416.00
91	book	RECORD BOOK, 500pages, size: 214mm x 278mm min.	2	80.00	160.00
97	pcs	SIGN PEN, Black, Liquid/Gel ink, 0.5mm, Mygel	18	36.50	657.00
98	pcs	SIGN PEN, Red, Liquid/Gel ink, 0.5mm, Mygel	6	36.50	219.00
111	roll	TAPE, Masking, 24mm (1mm)	226	34.50	7,797.00
112	roll	TAPE, Masking, 48mm (1mm)	176	69.50	12,232.00
114	roll	TAPE, Transparent, 24mm (1mm)	404	16.50	6,666.00
					57,780.00

Purpose: Various common janitorial supplies, common use supplies,
I.T supplies and accessories and medical supplies available at PS-
DBM- APP 2021 1st Qtr

(Total Amount in Words) Fifty Seven Thousand Seven Hundred Eighty 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. ARMEE N. ROSEL
VP, Research & Extension Services
Authorized Official

Conforme:

5/26/21

RGC MARKETING

(Signature over printed name & date)

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

COMMISSION ON AUDIT - TSU
RECEIVED
By: *ckg* Date: 26 MAY 2021

Funds Available:

ELENA MAY Y. TEOFILO

HEAD, Budget Office

ok noted 5/11/2021

ALOBS No. :
Amount :

Form No.: TSU-PRO-SF 09 | Revision No. 03

Effectivity Date: August 24, 2020 | Page 1 of 1