



# PURCHASE ORDER

Procurement Unit  
Telefax No. 045-606-0142

**DELIVERY DUE DATE:** COD

Supplier : **PAGECOM INCORPORATED**  
Address : #57 President Ave., BF Homes, Parañaque City  
TIN #: 340-000-418-101  
Tel. No. : 807-8123/8078122

PR No.: 2019-05-188  
PO No.: 2019-453  
Date: 7/11/2019  
Mode of Procurement: Direct Contracting

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: N/A  
Payment Term: COD

Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
1	pcs	<b>TELEPHONE, Shoretel</b> Mitel IP Phone IP420 MiVoice Connect Essentials license bundle Partner 1 year - no phones  <u>Warranty</u> 1. all supplied equipment in this proposal will be covered by warranty against factory defects due to fault materials & workmanship for a period of <b>Twelve (12) months</b> from the date of acceptance of equipment 2. Any defective material will be replaced within the warranty period 3. warranty does not apply to defects in hardware due to negligence or mis-handling by any employee of the buyer or other third party or to damages arising out of natural calamities, war, riots or similar disturbances, fire, theft, modification or alteration to software or hardware, tampering and over-voltage 4. labor and cost of replacement of parts after the warranty period will be billed accordingly  ----- Purpose: For internal and external communication purposes	1 1 1	40,454.25	<b>40,454.25</b>

(Total Amount in Words) Forty Thousand Four Hundred Fifty Four Pesos & Twenty Five Centavos

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

Conforme:

8-6-19

**PAGECOM INCORPORATED**

(Signature over printed name & date)

Bank Account Name: \_\_\_\_\_  
Bank Account Number: \_\_\_\_\_  
Bank Name: \_\_\_\_\_  
Bank Address: \_\_\_\_\_

COMMISSION ON AUDIT, TSGI  
**RECEIVED**  
BY: 06 AUG 2019

Funds Available

**JESUS S. DANGANAN**  
Budget Officer IV

ALOBS No. \_\_\_\_\_  
Amount: \_\_\_\_\_

ah posted 8/6/19





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Conforme:

**PAGECOM INCORPORATED**  
(Signature over printed name & date)  
Bank Account Name: \_\_\_\_\_  
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Bank Name: \_\_\_\_\_  
Bank Address: \_\_\_\_\_



Funds Available:  
  
**JESUS S. DANGANAN**  
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