



PURCHASE ORDER

DELIVERY DUE DATE: Pick-Up/COD

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

Supplier : **UL GAS**
Address : F. Tañedo St., San Nicolas, Tarlac City
Type of Business : Dealer
TIN No. : 915-429-388-000 VAT Reg.
Tel. No. : (045) 982-5219

PR No.: 2024-08-324
PO No.: 2024-607
Date: 10/01/2024
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: Pick-up
Date of Delivery: _____ Payment Term: COD

Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
2	tank	MEDICAL OXYGEN TANK, (Refill) Portable 4-5 liters Capacity ***** <i>Purpose: for MSO medicine supply</i>	3	250.00	<u>750.00</u>

(Total Amount in Words) Seven Hundred Fifty 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. ARNOLD E. VELASCO
President

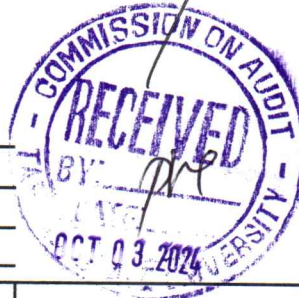
Authorized Official *[Signature]*

Conforme:

[Signature] 10/3/24
UL GAS

(Signature over printed name & date)

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



Funds Available:

JASPER A. YAUDER, CPA
Budget Officer

ALOBS No. : 10-Med-2024-11-9147
Amount : 750.00