



PURCHASE ORDER

Procurement Unit

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

DELIVERY DUE DATE: 01/12/24

Supplier: **TRMI CONSUMER GOODS TRADING**
 Address: **709 St. Mark St., Villa Siete Subd., Sto. Cristo Angeles City, Pampanga**
 Type of Business: **Merchandising**
 TIN No.: **288-536-094-000 Non-VAT**
 Tel. No.: **0943-702-9803**

PR No.: **2023-09-352**
 PO No.: **2023-623**
 Date: **11/30/2023**
 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/15**

Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
71	bottle	HAND SANITIZER, (500ml)	10	80.00	800.00
72	bottle	ISOPROPYL ALCOHOL 70% SOLUTION, (500ml)	20	60.00	1,200.00
74	pack	PAPER TOWELS INTERFOLDED, (180 pull/pack)	20	30.00	600.00
78	bottle	DISHWASHING LIQUID, (800ml)	5	50.00	250.00
<i>Purpose: to be used in the conduct of the research proposal entitled "Phase 1: Assessment and Authentication of Invasive Alien Tree Species Found in Selected Forest Areas of San Jose Tarlac Phase 2: Phytochemical Screening and Antimicrobial Activity of Invasive Alien Tree Species Found in Selected Forest Areas of San Jose Tarlac, Geraldine R. Gumasa - Lead Author"</i>					2,850.00

COMMISSION ON AUDIT
RECEIVED
 By: _____ Date: **DEC 1 2023**

(Total Amount in Words) Two Thousand Eight 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.

[Signature]
 Conforme: _____ 12/13/23

Very truly yours,
DR. GRACE NIROSETE
 Vice President for Administration
 Authorized Official *[Signature]*

TRMI CONSUMER GOODS TRADING

(Signature over printed name & date)

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

Funds Available:
IASPERA YAUDER, CPA
 Budget Officer

ALOBS No.: **02-106441-2023-0-23-8**
 Amount: **2,850.00**



PURCHASE ORDER

DELIVERY DUE DATE: 01/12/24

Procurement Unit

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

Supplier : **TRMI CONSUMER GOODS TRADING**
 Address : 709 St. Mark St., Villa Siete Subd., Sto. Cristo Angeles City, Pampanga
 Type of Business : Merchandising
 TIN No. : 288-536-094-000 Non-VAT
 Tel. No. : 0943-702-9803

PR No.: 2023-09-352
 PO No.: 2023-623
 Date: 11/30/2023
 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: 30 calendar days
 Date of Delivery: _____ Payment Term: n/15

Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
71	bottle	HAND SANITIZER, (500ml)	10	80.00	800.00
72	bottle	ISOPROPYL ALCOHOL 70% SOLUTION, (500ml)	20	60.00	1,200.00
74	pack	PAPER TOWELS INTERFOLDED, (180 pull/pack)	20	30.00	600.00
78	bottle	DISHWASHING LIQUID, (800ml)	5	50.00	250.00
					2,850.00

Purpose: to be used in the conduct of the research proposal entitled "Phase 1: Assessment and Authentication of Invasive Alien Tree Species Found in Selected Forest Areas of San Jose Tarlac Phase 2: Phytochemical Screening and Antimicrobial Activity of Invasive Alien Tree Species Found in Selected Forest Areas of San Jose Tarlac, Geraldine R. Gamoso - Lead Author

COMMISSION ON APPROPRIATION RECEIVED
DEC 13 2023

(Total Amount in Words) Two Thousand Eight 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. GRACE NIROSETE

Vice President for Administration

Authorized Official

Conforme:

TRMI CONSUMER GOODS TRADING

(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. : 62-206401-2023-2-288

Amount : 2,850.00