



PURCHASE ORDER

DELIVERY DUE DATE: 27 JUN 2024

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

Supplier : **NEW LA SUERTE HARDWARE CORP.**
Address : F. Tañedo, St., Poblacion, Tarlac City
Type of Business : Merchandising
TIN No. : 203-807-986-000 VAT Reg.
Tel. No. : (045) 982-2766

PR No.: 2024-04-177
PO No.: 2024-388
Date: 06/04/2024
Mode of Procurement: Small Value

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

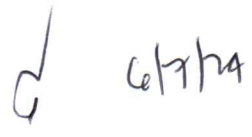
Place of Delivery: **TARLAC STATE UNIVERSITY**
Date of Delivery:
Delivery Term: 20 calendar days
Payment Term: n/15

Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
1	piece	FIBER CEMENT BOARD , Double Layer, 9.0mm thk., Hardieflex	3	1,500.00	4,500.00
2	piece	METAL STUD FRAMING SYSTEM , 2x3	6	140.00	840.00
3	piece	METAL TRACK FRAMING SYSTEM , 2x3	5	140.00	700.00
4	piece	METAL DRILL BIT , 5/32"	2	80.00	160.00
5	piece	MASONRY DRILL BIT , 5/32"	1	50.00	50.00
6	box	BLIND RIVETS , 5/32" x 1/2"	1	200.00	200.00
7	piece	BIG ROLLER & FOAM , for Painting	1	100.00	100.00
8	piece	PAINT BRUSH , 2"	1	40.00	40.00
9	gallon	PAINT , Flat Latex White	1	640.00	640.00
10	gallon	PAINT , Semi Gloss Latex, Tulle White	2	750.00	1,500.00
11	gallon	GYPSTUM PUTTY	1	290.00	290.00
12	liter	WOOD GLUE , Stick well	1	200.00	200.00
13	bag	SKIM COAT , 20kg/bag	1	500.00	500.00
14	piece	GRIT SAND PAPER , #400	3	12.00	36.00
15	piece	GRIT SAND PAPER , #800	3	12.00	36.00
					<u>9,792.00</u>

Purpose: Refurbishment of CET Guidance office at the TSU Main Campus

(Total Amount in Words) Eleven Thousand One Hundred Thirty 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

Conforme: 

NEW LA SUERTE HARDWARE CORP.
(Signature over printed name & date)
Bank Account Name: _____
Bank Account Number: _____
Bank Name: _____
Bank Address: _____



Very truly yours,
DR. ARNOLD E. VELASCO
President
Authorized Official

Funds Available:

JASPER A. VAUDER, CPA
Budget Officer

ALOBS No. : 02-2024-06-132
Amount: 9,792.00