

PURCHASE ORDER



Procurement Unit

Telephone No.: 015-606-8142/606-8157

DELIVERY DUE DATE: 03-20-2020

Supplier: **INFOWORX INC.**
 Address: Mc Arthur Highway, San Roque, Tarlac City
 TIN#: 004-845-988-005 VAT Reg.
 Tel. No.: 10451-991-2383

PR No.: 2020-01-020
 PO No.: 2020-096
 Date: 2/12/2020
 Mode of Procurement: Small Value

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
1	set	INTEL CORE, i5-9400 Processor, Dell Vostro™ 3671 MT, 8GB Memory, 1TB SATA HDD, DVD+/-RW Drive, Dell wireless 1707 + BT, Ubuntu Linux, NVIDIA GeForce GT 730 Graphics with 2GB DDR5, McAfee® eCard 15 month subscription, 3 Years Pro Support Warranty Service Dell E2318H 23" Monitor with LED (DP Cable Only) Microsoft FQC-08929 Win Pro 10 64Bit Eng Intl 1pk APC BX1100LI-MS 550W / 1100VA 230V ***** Purpose: for COA Office use	2	62,200.00	124,400.00

(Total Amount in Words) One Hundred Twenty Four Thousand Four Hundred 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,

Conforms:
MARCEW H. AUSTRIA
 2-19-20

DR. GLENARD T. MADRAGA CGA
 VP, Admin. & Finance
 Authorized Official

INFOWORX INC.

(Signature over printed name & date)

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



Funds Available:

ELENA MAY T. TEOFILO
 OIC, Budget Office

ALOBS No.: _____
 Amount: _____

No.: TSU-PRO-SF-09 Revision No. 2 Effectivity Date: October 25, 2019 Page 1 of 1

parted 2/20/2020



PURCHASE ORDER

DELIVERY DUE DATE: 03 - 20 - 2020

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TIN#: 004-845-988-005 VAT Reg.
Tel. No. : (045) 491-2383

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Very truly yours,

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

Conforme:

INFOWORX INC.

(Signature over printed name & date)

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

COMMISSION ON AUDIT - TSU
RECEIVED

By: [Signature] Date: 19 FEB 2020

Funds Available:

[Signature]
ELENA MAYO TEOFILO
OIG, Budget Office

ALOBS No. :
Amount :