



PURCHASE ORDER

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

DELIVERY DUE DATE: 11/01/22

Supplier: **LAMBERT TRADING**
Address: Quezon Street, Talavera, Nueva Ecija
Type of Business: Merchandising
TIN No.: 220-934-592-000
Tel. No.: 0945-430-3594

PR No.: 2022-08-201
PO No.: 2022-425
Date: 9/23/2022
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/30

Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
2	gal	BLEACH, 6 in 1 total clean, multi-purpose bleach for home cleaning and laundry, Zonrox	40	164.00	6,560.00
3	gal	BLEACH, Liquid, Winrox	150	124.00	18,600.00
5	pcs	BRUSH, Long Handle, for toilet	15	53.00	795.00
22	bottles	HYDROCHLORIC ACID, 28.0% to 29.9% Hydrochloric acid concentrator, remove tough and hard stains, 500ml, Muriatic Gleam	20	61.00	1,220.00
33	pack	SCOURER, Scouring pad, 5pcs per pack	10	41.00	410.00
Warranty: 90 days ***** Purpose: Janitorial Supplies APP 2022 3rd Qtr					27,585.00

(Total Amount in Words) Twenty Seven Thousand Five Hundred Eighty Five 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 N. ROSETE
Vice President for Administration
Authorized Official

Conformed 10/04/22

LAMBERT TRADING

(Signature over printed name & date)

Bank Account Name: Lambert Trading
Bank Account Number: 290-210-5479
Bank Name: LBP - Talavera
Bank Address: Talavera Nueva Ecija

Funds Available:

JASPER A. YAUDER, CPA
Budget Officer

ALOBS No.: 12-102101- 2022-09-0726
Amount: ₱ 27,585

No.: TSU-PRO-SF-09 | Revision No. 03

Effectivity Date: August 24, 2020 | Page 1 of 1

COMMISSION ON AUDIT
RECEIVED
OCT 04 2022



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Conforme:

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(Signature over printed name & date)

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

COMMISSION ON AUDIT - TSU
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