



PURCHASE ORDER

DELIVERY DUE DATE: 07 APR 2025

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

Supplier : **INFOWORX INC.**
Address : Mc Arthur Highway, San Roque, Tarlac City
Type of Business : Merchandising
TIN No. : 004-845-988-005 VAT Reg.
Tel. No. : Telefax No.: 045-491-2383

PR No.: 2024-12-488
PO No.: 2025-097
Date: 2/7/2025
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: 45 calendar days
Date of Delivery: _____ Payment Term: n/30

Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
1	unit	OFFICE DESKTOP COMPUTER, PC#23215 Acer Veriton X2710G (G15-13400 8GB 512GB Win11Pro) PC#24364 Acer V247YGvbi 23.8H" VGA + HDMI ports (HDMI cable only) Specification: Form Factor: X series [9Liters] Operating System: Windows 11 Professional 64bit Processor: Intel Corei5 13400 Performance-core Base Frequency 2.50GHZ, Performance-core Max Turbo Frequency4.60GHZ,20MB Cache, [# of Performance-cores6] [# of Efficient cores 4] 16Threads, 64bit, 13th Generation Chipset: Intel H610 Chipset Memory: 16GB [2x 8GB] DDR4 3200MHz UDIMM; Two [2] Memory Slots, Up to 64GB of Dual-channel Storage 1: 512GB PCIe M.2 SSD Graphics: Intel@ UHD Graphics 730 Audio: Integrated high-definition, 5.1-channel surround sound Networking/LAN LAN: Gigabit Ethernet 10/100/1000 Wireless LAN WLAN: WITHOUT Optical Drive: WITHOUT Card Reader: WITHOUT Sneaker: WITHOUT	8	49,500.00	396,000.00
<i>sub-total:</i>					396,000.00

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

Conforme:

[Signature] 02-27-2025
INFOWORX INC.
(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.: 02-2024-12-488-02-2593
Amount: 433,511.7



PURCHASE ORDER

DELIVERY DUE DATE: 07 APR 2025

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

Supplier: **INFOWORX INC.**
Address: **Mc Arthur Highway, San Roque, Tarlac City**
Type of Business: **Merchandising**
TIN No.: **004-845-988-005 VAT Reg.**
Tel. No.: **Telefax No.: 045-491-2383**

PR No.: **2024-11-472**
PO No.: **2025-064**
Date: **1/30/2025**
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: **90 calendar days**
Date of Delivery: _____ Payment Term: **n/30**

Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
		Balance Forwarded:			396,000.00
		Power Supply: 180W Standard I/O Ports Front/Side I/O connectors: • Audio jack(s): 1 • USB 3.2 Gen1 Type A port(s): 4 Rear I/O connectors: • D-Sub port(s): 1 • HDMI port(s) 1 [out 1.4b] • DisplayPort (DP) ports: 1 • LAN port(s): 1 • COM port(s): 1 • Audio jack(s): 3 • USB 2.0 Type A port(s): 4 Expansion Slot(s) • Number of PCIe x16 slot(s): 1 • Number of PCIe x1 slot(s): 1 • M.2 slot (for SSD): 1 • M.2 slot (for WLAN): 1 Dimension: 102.50 (W) x 307.70 (D) x 332 (H) mm (4.04 x 12.11 x 13.07 inches) Keyboard & Mouse: Acer USB Keyboard and Acer USB Optical Mouse Warranty: 3 year parts - 3 year labor only (3-3-0) <i>sub-total:</i>			396,000.00

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

Conforme:

INFOWORX INC.
(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.: **02-2024/14-2018-07-0573**
Amount: **433,500.00**



PURCHASE ORDER

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

DELIVERY DUE DATE: 07 APR 2025

Supplier : **INFOWORX INC.**
Address : Mc Arthur Highway, San Roque, Tarlac City
Type of Business : Merchandising
TIN No. : 004-845-988-005 VAT Reg.
Tel. No. : Telefax No.: 045-491-2383

PR No.: 2024-12-488
PO No.: 2025-097
Date: 2/7/2025
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: 45 calendar days
Date of Delivery: _____ Payment Term: n/30

Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
2	unit	<p style="text-align: right;">Balance Forwarded:</p> <p>COLORED INK TANK PRINTER, Epson EcoTank L6270 A4 Wi-Fi Duplex All-in-One Ink Tank Printer w/ ADF (with additional 2pcs Epson C13T04D100 Maintenance Box for L6000 Series) -Print, Scan, Copy -Compact integrated tank design -Print speeds up to 15.5ipm for black and 8.5ipm for colour -Auto-Duplex printing -ADF capability -Ethernet & Wi-Fi Direct -Seamless setup with Epson Smart Panel -Borderless Printing up to A4 size -Spill-free ink refilling -Warranty of 2 years of 50,000 pages, whichever comes first -Powered by Epson Heat-Free Technology ***** <i>Purpose: for Medical Service Unit</i></p>	2	18,750.00	<p style="text-align: right;">396,000.00</p> <p style="text-align: right;">37,500.00</p>
					<u>433,500.00</u>

(Total Amount in Words) Four Hundred Thirty-Three Thousand Five 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,

DR. ARNOLD E. VELASCO
President
Authorized Official

Conforme: *[Signature]* 2-11-2025
INFOWORX INC.
(Signature over printed name & date)



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

Funds Available:
[Signature]
JASPER A. YAUDER, CPA
Budget Officer

ALOBS No. : *02-2024-015-02-0573*
Amount: *433,500.00*