



# PURCHASE ORDER

**DELIVERY DUE DATE:** 2/24/2022

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

Supplier: **QUE KANG HARDWARE INC.**  
Address: **F. Tañedo St., Poblacion, Tarlac City**  
Type of Business: **Merchandising**  
TIN No.: **008-174-786-000 VAT Reg.**  
Tel. No.: **(045) 982-5071**

PR No.: **2021-11-269**  
PO No.: **2022-029**  
Date: **1/13/2022**  
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**  
Date of Delivery:

Delivery Term: **30 calendar days**  
Payment Term: **n/15**

Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
23	pcs	<b>SPOKE SHAVE</b> , 9 inch adjustable; For material: 50# steel; Planer width: 44mm; Tool length: 50mm; Planing thickness: 2.5mm; The length of the planer is: 215mm, Powerhouse	9	300.00	2,700.00
25	pcs	<b>LONG NOSE</b> , Size: 6", Two component plastic handle, Powerhouse Dynagrip	9	210.00	1,890.00
28	pcs	<b>SIDE CUTTER</b> , Side cutter pliers, 160mm, 6", heavy two-component insulated handles with slip guards for extra comfort and safety, Powerhouse Diagonal	9	200.00	1,800.00
					<b><u>6,390.00</u></b>

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Purpose: To be used in the ECONOMIC DEVELOPMENT/  
LIVELIHOOD OPPORTUNITIES for the DOST  
Community/Empowerment through Science and Technology  
(CEST) Extension Project in San Clemente, Mayantoc, Bamban, San  
Jose of Dr. Brendalyn A. Manzano as the Project Leader

(Total Amount in Words) Six Thousand Three Hundred Ninety 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. ARMEE N. ROSEL**  
VP, Research & Extension Services  
Authorized Official

Conforme:

*[Signature]* 1/13/2022  
**QUE KANG HARDWARE 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. :  
Amount :

Form No.: TSU-PRO-SF 09

Revision No. 03

Effectivity Date: August 24, 2020

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