



PURCHASE ORDER

DELIVERY DUE DATE: 07 JUN 2025

Procurement Unit

Tel No.: 045-606-8110 local 157/142

Supplier: **COPYLANDIA OFFICE SYSTEMS CORPORATION**
 Address: **252 AB Fernandez Ave., Dagupan City**
 Type of Business: **Merchandising**
 TIN No.: **002-332-000-021 VAT Reg.**
 Tel. No.: **075-5153306 / Fax: 075-5223267 / 0917-6527393**

PR No.: **2025-03-132**
 PO No.: **2025-249**
 Date: **4/30/2025**
 Mode of Procurement: **Direct Contracting**

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/15**

Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
1	piece	NEGE-PRESS TANK, 2; SU, (Model: Comcolor 7150 X 1)	4	20,566.00	82,264.00
2	piece	PRESS TANK, Assy Set; SU, (Model: Comcolor 7150 X 1)	4	11,296.00	45,184.00
3	piece	SOLENOID NEGA-PRESS SET, (Model: Comcolor 7150 X 1)	1	5,043.00	5,043.00
4	piece	SOLENOID PRESS SET, (Model: Comcolor 7150 X 1)	1	9,345.00	9,345.00
5	piece	NEGE-PRESS AIR TANK, Set; SU, (Model: Comcolor 7150 X 1)	1	5,240.00	5,240.00
6	piece	PRESS AIR TANK, Set; SU, (Model: Comcolor 7150 X 1)	1	6,121.00	6,121.00
7	piece	TRANSFER BELT, SU (Model: Comcolor 7150 X 1)	1	18,458.00	18,458.00
8	piece	GAP ADJUSTER SET, (New Comcolor P.-F. Clutch) (Model: Comcolor 7150 X 1)	4	1,215.00	4,860.00
9	piece	P.-F. CLUTCH, (Model: Comcolor 7150 X 1)	1	1,487.00	1,487.00
10	piece	PICK-UP ROLLER, (Comcolor 7150 X 1)	2	1,746.00	3,492.00
11	piece	STRIPPER PAD, 70, (Model: Comcolor 7150 X 1)	1	876.00	876.00
***** Purpose: for Print Shop Maintenance. APP 1st Quarter 2025					182,370.00

(Total Amount in Words) One Hundred Eighty-Two Thousand Three Hundred Seventy 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

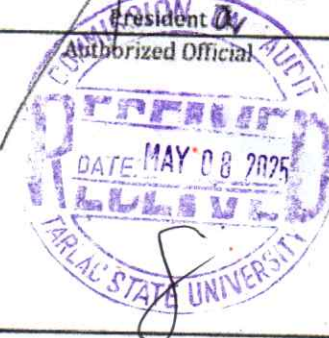
Conforme:

YANEEZ P. SORIANO 5/8/25

COPYLANDIA OFFICE SYSTEMS CORPORATION

(Signature over printed name & date)

Bank Account Name: **COPYLANDIA OFFICE SYSTEMS CORP.**
 Bank Account Number: **0051426412**
 Bank Name: **JBP**
 Bank Address: **MAKATI CITY**



Funds Available:

JASPER A. YAUDER, CPA
Budget Officer

ALOBS No.: **02-207512-2025-05-0024**
Amount: **182,370**



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DR. ARNOLD E. VELASCO

President

Authorized Official

Conforme:

COPYLANDIA OFFICE SYSTEMS CORPORATION

(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. : 02-202512-2025-05-0034

Amount : ₱182,370