



PURCHASE ORDER

DELIVERY DUE DATE: 06 JAN 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.: **2024-10-397**
PO No.: **2024-780**
Date: **12/6/2024**
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: **20 calendar days**

Date of Delivery:

Payment Term: **n/30**

Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
11	unit	Multifunctional Printer - EPSON L3210, Printer type: Print, Scan, Copy, Photo Default-10x15cm/4x6': Approx. 69 sec per photo (Border) / 90 sec per photo (Borderless) Draft, A4 (Black/Colour): Up to 33ppm/15*1, ISO24734, A4 Simplex (Black/Colour): Up to 10ipm/5.0 ipm *1 First Page Out Time from Ready Mode (Black/Colour): Approx. 10 sec/16sec*1, Copy Quality: Colour/ Black-and-white; Draft/Standard, Maximum Copies from Standalone: 20copies, Maximum Copy Size: A4,Letter, ISO29183, A4 Simplex Flatbed (Black/Colour): Up to 7.0 ipm/1.7 ipm, Max Copy Resolution: 300 x 300 dpi	1	9,100.00	9,100.00
12	bottle	INK, EPSON L3119, black, 65ml	1	285.00	285.00
13	bottle	INK, EPSON L3119, cyan, 65ml	1	300.00	300.00
14	bottle	INK, EPSON L3110, magenta, 65ml	1	300.00	300.00
15	bottle	INK, EPSON L3110, yellow, 65ml	1	300.00	300.00
					10,285.00
<p><i>Warranty: 1 year for printer</i></p> <p>*****</p> <p><i>Purpose: For the conduct of the study entitled "Profiling and Characterization of Microplastic in Malasa Creek" Angelica Tabamo as the lead author.</i></p>					

(Total Amount in Words) Ten Thousand Two 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

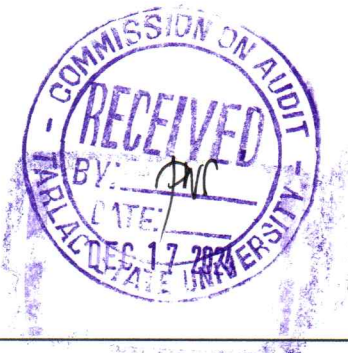
Very truly yours,

DR. ARNOLD E. VELASCO
President
Authorized Official

Conforme: *[Signature]* 12-17-2024

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. : **02-708129-2024-02-009**
Amount : **10,285 --N**