



PURCHASE ORDER

DELIVERY DUE DATE: 9/30/23

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

Supplier: **STARLAB MEDICAL AND SCIENTIFIC APPARATUS SUPPLY**
Address: Justinville Subd. 1, Blk. 1 Lot 7 Caimito Road Extn., Bacoor, Cavite
Type of Business: Merchandising
TIN No.: 115-735-600-000 VAT Reg.
Tel. No.: 0999-190-1521 / 0917-102-6207 / (046) 471-8707

PR No.: 2023-06-230
PO No.: 2023-393
Date: 8/22/2023
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
7	bottle	DEIONIZED WATER, Type I, 1000ml	2	120.00	240.00
11	bottle	BRILLIANT GREEN LACTOSE BILE BROTH, 500g	2	6,080.00	12,160.00
18	bottle	MUELLER HINTON AGAR, 500g	1	2,900.00	2,900.00
21	bottle	BARIUM CHLORIDE DEHYDRATE, AR, 500g	1	2,540.00	2,540.00
***** Purpose: for the conduct of the study entitled "Isolation and Characterization of Cellulose Nanofiber from Saresa (Muntinga Calabura) and its potential Application on Water Purification" Dr. Robert V. Marcos as the lead author *****					<u>17,840.00</u>

(Total Amount in Words) Seventeen Thousand Eight Hundred Forty 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

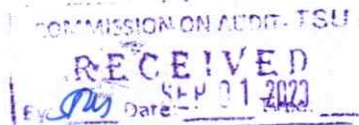
Conforme:

Manansala
Emily L. Manansala 08/31/2023

STARLAB MEDICAL AND SCIENTIFIC APPARATUS SUPPLY

(Signature over printed name & date)

Bank Account Name: Landbank
Bank Account Number: 1421-1166-24
Bank Name: Starlab Medical and Scientific Apparatus Supply
Bank Address: Imus Cavite



Funds Available:

IASPER A. YAUDER, CPA
Budget Officer

ALOBS No.: 12-102-101-2023-02-0523
Amount: ₱ 17,840



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Very truly yours,

DR. GRACE N. ROSETE
Vice President for Administration
Authorized Official

Conforme:

STARLAB MEDICAL AND SCIENTIFIC APPARATUS SUPPLY

(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.: 02-102101-2023-08-0583
Amount: P17,840