



PURCHASE ORDER

Procurement Unit

Telephone No.: 045-606-8142/606-8157

DELIVERY DUE DATE: 6/23/22

Supplier : **MT. ZION SCIENTIFIC INC.**
 Address : 42 Sampaguita Avenue Mapayapa Village II, 42 Sampaguita Ave. Quezon City, Metro Manila
 Type of Business: Merchandising Business
 TIN#: 247-084-130-000 VAT Reg.
 Tel. No. : (02) 8931-5122/ (02) 8931-9505

PR No.: 2021-11-281
 PO No.: 2022-223
 Date: 5/13/2022
 Mode of Procurement: Small Value

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/30

Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
11	bottle	ETHYL ALCOHOL, 95%; 2.5L bottle; Reagent grade; Provide SDS of the chemical and certificate of analysis. Shelf life should be at least 3 years or longer from date of purchase ***** <i>Purpose: for the use of approved research project entitled "Standardization of Process, Product Specification and Packaging of Artisanal "Chicharon Camiling" of Tarlac Province"</i>	3	2,100.00	6,300.00

(Total Amount in Words) Six Thousand Three 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. GRACE N. ROSETE
DR. ARMEE N. ROSEL
 Admin. Affairs
 VP, Research and Extension Services

Authorized Official

24 MAY 2022

Conforme: *[Signature]* MAY 24, 2022

DANICA CERMONES

MT. ZION SCIENTIFIC INC.

(Signature over printed name & date)

Bank Account Name: MT. ZION SCIENTIFIC INC
 Bank Account Number: 0621-1198-18
 Bank Name: LAND BANK OF THE PHILIPPINES
 Bank Address: Commonwealth Branch



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

ALOBS No. : 12-2016-13-2017-05-0029
 Amount : ₱6,300

No.: TSU-PRO-SF-09

Revision No. 3

Effectivity Date : August 24, 2020

Page 1 of 1

Handwritten: 5/25/2022



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DR. GRACE N. ROSETE

DR. ARMEE N. ROSEL

Administration

VP, Research and Extension Services

Authorized Official

24 MAY 2022

Conforme:

MT. ZION SCIENTIFIC 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. : 02-202403-2022-05-0089
 Amount : ₱ 6,300.-

