



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.: 2023-05-217
PO No.: 2023-410
Date: 8/25/2023
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
4	pack	PETRI PLATES, Material: Virgin Polystyrene, Size: 15x55mm, Non-vented, Without Stacking Ring, 600 case/pack, Phoenix Brand ***** Purpose: To be used in the project entitled "TSU Signature PaManGAn Research program"	2	9,980.00	19,960.00

(Total Amount in Words) Nineteen Thousand Nine Hundred Sixty 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:

Emily C. Manansala
Emily C. Manansala 08/31/2021

COMMISSION ON AUDIT, TSU
RECEIVED
Date: 9/1/2023

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:

JASPER A. YAUDER, CPA
Budget Officer

ALOBS No.: 02-20241-2027-08-2024
Amount:

Form No.: TSU-PRO-SF 09

Revision No. 03

Effectivity Date: August 24, 2020

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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: _____

COMMISSION ON AUDIT - TSU



Funds Available:

JASPER A. YAUDER, CPA

Budget Officer

ALOBS No. : 02-2644-227-08-2024

Amount :