

## DIIDCHACE ODDED

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|----------------------------------|--------------------------|----------------------|-------------|--|--|
| Procuren                         | nent Unit                | DELIVERY DUE DATE:   | 8/19/23     |  |  |
| Tel. No.: 045-606-8142/606-8157  |                          |                      |             |  |  |
| Supplier :                       | MAGIC STAR SUPERMARKET   | PR No.:              | 2023-06-228 |  |  |
| Address:                         | Cut Cut 1st, Tarlac City | PO No.:              | 2023-343    |  |  |
| Type of Business : Merchandising |                          | Date:                | 8/1/2023    |  |  |
| TIN No.:                         | 206-818-612-000 VAT Reg. | Mode of Procurement: | Small Value |  |  |
| Tel. No. :                       | (045) 628-4290           |                      |             |  |  |

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: |   |          | erm:<br>'erm: | 15 Calendar Days<br>n/15 |  |
|---|---|----------|---------------|--------------------------|--|
| Item No. Unit   | Description   | Quantity | Unit Cost     | Total Cost               |  |
| 12 bottle   | DISTILLED WATER, 8L, Absolute  *******************  Purpose: for the conduct of the study entitled "Development of Hard Candy Lozenge from Muntingia Calabura and its Potential Pharmacological Activities" Dr. Robert V. Marcos as the lead author | 4        | 83.50         | 334.00                   |  |

(Total Amount in Words) Three Hundred Thirty Four 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 AUG 0 3 2023

## MAGIC STAR SUPERMARKET

(Signature over printed name & date)

Bank Account Name:

Bank Account Number:

Bank Name:

Bank Address:

COMMISSION ON AUDIT. TSU

Funds Available:

**Budget Officer** 

Form No.: TSU-PRO-SF 09 Revision No. 03

Effectivity Date: August 24, 2020

ALOBS No.: 12-206441- 2023-08-[830

Amount: \$334-

Page 1 of 1