



PURCHASE ORDER

Procurement Unit

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

DELIVERY DUE DATE: **10 AUG 2024**

Supplier: **LB2 LABORATORY SUPPLIES**
 Address: **#8 San Antonio Ave. SAV1, Paranaque City**
 Type of Business: **Merchandising**
 TIN#: **282-321-992-000 VAT Reg.**
 Tel. No.: **(02) 7119-0556/0917-100-7761/0917-123-2848/
 0919-231-3458**

PR No.: **2024-03-126**
 PO No.: **2024-449**
 Date: **6/28/2024**
 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: **30 Calendar days**
 Date of Delivery: _____ Payment Term: **n/15**

Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
5	pack	GLASS DURNHAM TUBES, pack of 500 6X50mm, Brand: CORDIAL, Size: 6x50mm, Material: Borosilicate Glass warranty: 6 months for supplies and materials ***** <i>Purpose: for solation and characterization of Cellulose Nanofiber from Saresa (Muntingia Calabura) and its Potential Application on Water Purification. Lead Author: Robert V. Marcos</i>	1	6,000.00	6,000.00



(Total Amount in Words) Six Thousand 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]* **7-11-2024**
RAYGIE B. FELDA

LB2 LABORATORY SUPPLIES
 (Signature over printed name & date)
 Bank Account Name: **LB2 LABORATORY SUPPLIES**
 Bank Account Number: **1561-1128-66**
 Bank Name: **LAND BANK**
 Bank Address: **84 CAT PARANAQUE CITY**

Funds Available:
JASPER A. YAUDER, CPA
 Budget Officer

ALOBS No.: **02-206441-2024-07-1259**
 Amount: **₱6,000**



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Very truly yours,

DR. *[Signature]* **ARNOLD E. VELASCO** ^{07/10}

President

Authorized Official *[Signature]*

Conforme:

LB2 LABORATORY SUPPLIES

(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.: 02-202441-2024-07-2259
 Amount: ₱ 6000-