



PURCHASE ORDER

DELIVERY DUE DATE: 6/15/24

Procurement Unit

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

Supplier: **STARLAB MEDICAL AND SCIENTIFIC APPARATUS SUPPLY**

Address: Zone 031, 930-A Rizal Ave., Santa Cruz, Manila

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.: 2024-03-118

PO No.: 2024-269

Date: 5/2/2024

Mode of Procurement: Small Value

Gentlemen:

Please furnish this office the following articles subject to the terms and conditions contained herein:

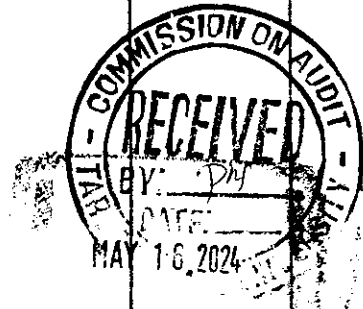
Place of Delivery: **TARLAC STATE UNIVERSITY**

Delivery Term: 30 calendar days

Date of Delivery:

Payment Term: n/15

Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
5	bottle	AMBER BOTTLE, ordinary amber bottle with glass dropper	25	170.00	4,250.00
6	bottle	AMBER BOTTLE, ordinary amber bottle with glass dropper	25	95.00	2,375.00
***** Purpose: Effects of Weed-based Plant Growth Regulator on the Seed Germination of Some High Value Crops. Lead Author: Geraldine Gamoso					6,625.00



(Total Amount in Words) Six Thousand Six Hundred Twenty-Five 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,

Conforme:

Emily L. Mananual
Emily L. Mananual 5/16/24

DR. ARNOLD E. VELASCO

President

Authorized Official *[Signature]*

STARLAB MEDICAL AND SCIENTIFIC APPARATUS SUPPLY

(Signature over printed name & date)

Bank Account Name: Starlab Medical And Scientific Apparatus Supply

Bank Account Number: 1421-1166-24

Bank Name: Land Bank

Bank Address: BK1 101 7 Caimito road Extn Justinville Subd. Baroor City, Cavite

Funds Available:

[Signature]
JASPER A. YAUDER, CPA

Budget Officer

ALOBS No. 02-107101-2024-05-0371

Amount: 6,625.00



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DR. ARNOLD E. VELASCO
President

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. 02-107101-2024-05-0271
Amount: 6,625.00