



PURCHASE ORDER

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

DELIVERY DUE DATE: 9/30/23

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.: 2023-06-226
PO No.: 2023-380
Date: 8/17/2023
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
5	bottle	NUTRIENT BROTH, 500 grams. hi media ***** <i>Purpose: for the conduct of the study entitled "Biostimulatory Activity of Sarsa (Muntingia Calabura) Fruits and Leaves Extract" Dr. Robert V. Marcos as the lead author</i>	5	3,990.00	19,950.00

(Total Amount in Words) Nineteen Thousand Five 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
Vice President for Administration
Authorized Official

Conforme:
Emily L. Manansahan 8/31/2023

STARLAB MEDICAL AND SCIENTIFIC APPARATUS SUPPLY
(Signature over printed name & date)
Bank Account Name: Land bank
Bank Account Number: 1421-1166-24
Bank Name: Starlab Medical and Scientific Apparatus Supply
Bank Address: Imus Cavite

COMMISSION ON AUDIT - TSU
RECEIVED
FY: 2023 Date: SEP 21 2023

Funds Available:

IASPER A. YAUDER, CPA
Budget Officer

TSU
PROCUREMENT UNIT
CERTIFIED COPY
0-1 SEP 2023

ALOBS No.: 02-102-101-2023-08-0582
Amount: ₱ 19,950



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Very truly yours,

[Signature]
 DR. GRACE N. ROSETE
 Vice President for Administration
 Authorized Official *[Signature]*

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
RECEIVED
[Signature] Date SEP 21 2023

Funds Available:

[Signature]
JASPER A. YAUDER, CPA
 Budget Officer

ALOBS No.: 02-102101-2023-08-0582
 Amount: ₱ 19,950