



PURCHASE ORDER

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

DELIVERY DUE DATE: 2/16/24

Supplier: **CHEMLINE SCIENTIFIC CORPORATION**
Address: #28 Law St., Victoria Subd., Tandang Sora, Quezon City
Type of Business: Manufacturing
TIN#: 007-556-435-000 VAT Reg.
Tel. No.: 0917-542-0422

PR No.: 2023-10-442
PO No.: 2024-017
Date: 1/4/2024
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**
Date of Delivery:
Delivery Term: 30 calendar days
Payment Term: N/15

Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
1	kg	SODIUM METABISULFATE, food grade, 1kg ***** <i>Purpose: for the conduct of the study entitled "Investigating the Potential of Calamansi (citrofortunella macrocarpa) Fruit wastes as Starch-based bioplastic Precursor. Lead Author: Jaidrel Meg Cabanding</i>	1	450.00	450.00

(Total Amount in Words) Four Hundred Fifty Pesos Only

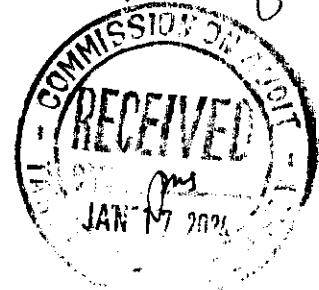
Warranty shall be for a period minimum of Three (3) months for expendable supplies, or a minimum period of one (1) Year for non-expendable supplies. In case of failure to make full delivery within the time specified above, a penalty of one-tenth (1/10) of one percent for every day of delay shall be imposed

Very truly yours,

Conforme:
JOSE V. CRUZ
CHEMLINE SCIENTIFIC CORPORATION
NO. 28 LAW STREET, VICTORIA SUBDIVISION
TANDANG SORA, QUEZON CITY
TEL. NOS. 531-4339/354-1261/984-1198
FAX No. 584-1201

DR. GRACEN ROSETE
Vice President for Administration

Authorized Official



CHEMLINE SCIENTIFIC CORPORATION

(Signature over printed name & date) January 17, 2024

Bank Account Name: _____
Bank Account Number: _____
Bank Name: _____
Bank Address: _____

Funds Available:

JASPER A. YAUDER, CPA
Budget Officer

ALOBS No.: 07-761941-2024-01-0079
Amount: ₱0.00



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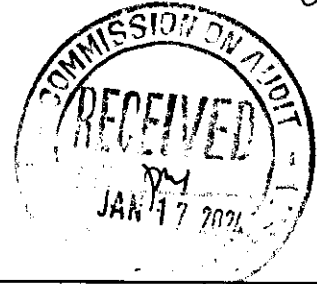
DR. GRACEN ROSETE
Vice President for Administration
Authorized Official

Conforme:

CHEMLINE SCIENTIFIC CORPORATION

(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. : 02-76441-2024-01-0079
Amount : 450.00