



PURCHASE ORDER

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

DELIVERY DUE DATE: 9/3/23

Supplier: **STARLAB MEDICAL AND SCIENTIFIC APPARATUS SUPPLY** 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.: 2023-340
Date: 7/28/2023
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
9	pcs	SPATULA, Straight, with 12-inch Stainless Steel Blade w/ wooden handle	65	350.00	22,750.00
11	pcs	GLASS CELL SPREADER, L-shaped ***** Purpose: for the conduct of the study entitled "Biotstimulatory Activity of Saresa (Muntingia Calabura) Fruits and Leaves Extract" Dr. Robert V. Marcos as the Lead author	10	170.00	1,700.00
					24,450.00

(Total Amount in Words) Twenty Four Thousand 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,

AUG 03 2023

DR. GRACE N. ROSETE
Vice President for Administration
Authorized Official

Conforme:

Manansala
Emily L. Manansala 08/04/2023

STARLAB MEDICAL AND SCIENTIFIC APPARATUS SUPPLY SUPPLY

(Signature over printed name & date)

Bank Account Name: Starlab Medical and Scientific Apparatus Supply
Bank Account Number: 1421-1166-24
Bank Name: Landbank
Bank Address: Imus Cavite

RECEIVED
Date: AUG 04 2023

Funds Available:

Jaspera Yauder
IASPERA YAUDER, CPA
Budget Officer

ALOBS No.: 02-102101-2023-08-0463
Amount: ₱24,450-



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AUG 03 2023
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Authorized Official

Conforme:

STARLAB MEDICAL AND SCIENTIFIC APPARATUS SUUPLY SUPPLY

(Signature over printed name & date)

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

COMMISSION ON AUDIT - TSU
RECEIVED
Date: AUG 04 2023

Funds Available:

JASPER A. YAUDER, CPA
Budget Officer

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