



# PURCHASE ORDER

**DELIVERY DUE DATE:** 3/20/24

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

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.: 2023-12-497

PO No.: 2024-108

Date: 2/6/2024

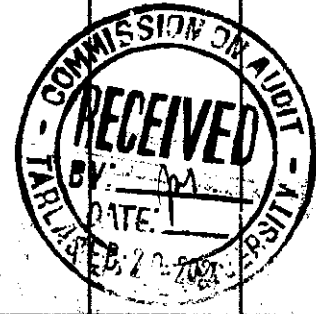
Mode of Procurement: Small Value

Gentlemen:

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

Place of Delivery: <b>TARLAC STATE UNIVERSITY</b>	Delivery Term: <b>30 calendar days</b>
Date of Delivery:	Payment Term: <b>n/15</b>

Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
8	bottle	SODIUM CHLORIDE, AR 500g/bot, Loba Chemie	2	1,270.00	2,540.00
9	bottle	SODIUM IODIDE, AR 250g/bot, Loba Chemie	2	11,250.00	22,500.00
***** Purpose: for the conduct of the study entitled "Profiling and Characterization of Microplastic in Malasa Creek" Angelica Tabamo as the lead author					<b>25,040.00</b>



(Total Amount in Words) Twenty-Five Thousand Forty 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. Mananquil* 02/19/2024

### 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: Landbank

Bank Address: Imus Cavite

Funds Available:

**IASPER A. YAUDER, CPA**  
Budget Officer

ALOBS No. : 02-02401-2024-02-0078  
Amount: ₱ 25,040-

Form No.: TSU-PRO-SF 09

Revision No. 03

Effectivity Date: August 24, 2020

Page 1 of 1



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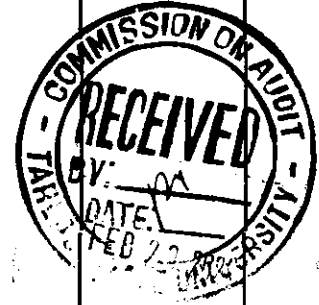
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 Vice President for Administration  
 Authorized Official

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. : 02-102101-2024-02-0078  
 Amount: P=25,040-