







# PURCHASE ORDER

**DELIVERY DUE DATE:** 5/18/22

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

Supplier: **STARLAB MEDICAL & SCIENTIFIC APPARATUS SUPPLY**  
Address: **Zone 031, 930-A Rizal Ave., Santa Cruz, Manila**  
Type of Business: **Merchandising Business**  
TIN No.: **115-735-600-000 VAT Reg.**  
Tel. No.: **0464718707/0999-190-1521/0917-102-6207**

PR No.: **2021-11-279**  
PO No.: **2022-180**  
Date: **4/11/2022**  
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/30**

| Item No. | Unit  | Description  | Quantity | Unit Cost | Total Cost       |
|----------|-------|--|----------|-----------|------------------|
| 31       | box   | GLASS JAR, phenolic screw cap, black color; Clear, straight; 24 pcs/box, 240ml (8oz) M-7177          | 3        | 480.00    | 1,440.00         |
| 36       | pack  | WIDE MOUTH ROUND BOTTLE, 250 ml, polypropylene (PP) with PP closure; Clear, Kartell Brand # 1625-250 | 20       | 196.00    | 3,920.00         |
| 43       | box   | PETRI DISH, borosilicate glass; 100 mm x 15 mm; 10 pairs/box, pyrex                                  | 7        | 4,000.00  | 28,000.00        |
| 52       | piece | TEST TUBE BRUSH (Large), soft bristle  | 1        | 50.00     | 50.00            |
|          |       |  |          |           | <b>33,410.00</b> |

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 Purpose: to be used in the conduct of the research proposal entitled "An Environmental Impact Assessment of the TSU Lagoon and its Potential for Native Freshwater Fish Propagation and Avifaunal Diversity Conservation" of Engr. Bertrand Aldous Santillan as the lead-researcher

(Total Amount in Words) Thirty-Three Thousand Four Hundred Ten 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. ARMEE N. ROSEL**  
VP, Research and Extension Services  
Authorized Official

Conforme:

**STARLAB MEDICAL & SCIENTIFIC APPARATUS SUPPLY**

(Signature over printed name & date)

Bank Account Name: \_\_\_\_\_  
Bank Account Number \_\_\_\_\_  
Bank Name: \_\_\_\_\_  
Bank Address: \_\_\_\_\_

COMMISSION ON AUDIT, TSU  
**RECEIVED**  
By: Date: **APR 20 2022**

Funds Available:

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

ALOBS No.: **02-102140-22-02-097**  
Amount: **₱ 33,410.-**

Effectivity Date: August 24, 2020 Page 1 of 1

No.: TSU-PRO-SF-09 Revision No. 03