



# PURCHASE ORDER

Procurement Unit

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

**DELIVERY DUE DATE:** 21 JUL 2024

Supplier: **STARLAB MEDICAL AND SCIENTIFIC APPARATUS SUPPLY**

Address: Zone 031, 930-A Rizal Ave., Santa Cruz, Manila

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.: 2024-02-087

PO No.: 2024-373

Date: 5/31/2024

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**

Delivery Term: 30 calendar days

Date of Delivery:

Payment Term: n/15

Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
6	box	<b>DISPOSABLE SYRINGE, (Luer Slip) 1ml, 100pcs/box</b> ***** <i>Purpose: Phase 1: Isolation and Characterization of bacterial endophytes from mahogany (Swietenia macrophylla king) trees in Tarlac State University Lucinda Campus. Phase 2: Bacterial endophytes isolated from mahogany (Swietenia macrophylla king) trees in Tarlac State University - Lucinda Campus as bioinoculant for corn (Zea mays) Lead Author: Angelica Tabamo</i>	5	480.00	<b>2,400.00</b>

(Total Amount in Words) Two Thousand Four 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. ARNOLD E. VELASCO  
President

Conforme:

*Emily M. Caballa*  
Emily M. Caballa 06/21/2024

**STARLAB MEDICAL AND SCIENTIFIC APPARATUS SUPPLY**

(Signature over printed name & date)

Bank Account Name: Starlab Medical and Scientific Apparatus Supply

Bank Account Number: 1921-1166-24

Bank Name: Landbank

Bank Address: Imus Cavite



Funds Available:

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

ALOBS No.: 02-206441-2024-06-1964  
Amount: ₱ 2400



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DR. ARNOLD E. VELASCO

President

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

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