



PURCHASE ORDER

Procurement Unit

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

DELIVERY DUE DATE: 10 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.: 2024-03-110

PO No.: 2024-370

Date: 5/30/2024

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
3 ✓	bottle	ETHANOL 70% AR, Solution 4L/bot	2	1,990.00	3,980.00
4 ✓	bottle	SODIUM HYPOCHLORITE AR, Tech 4L/bot	2	550.00	1,100.00
5 ✓	pcs	AUTOCLAVABLE CORK BORER, (can bore 5mm in diameter hole), 6pcs/set, German Pattern	11	2,080.00	22,880.00
8 ✓	box	DISPOSABLE SYRINGE, 1ml (Luer Slip)	5	500.00	2,500.00
10 ✓	set	AUTOCLAVABLE MORTAR AND PESTLE, Porcelain	5	500.00	2,500.00
11 ✓	bottle	STERILE SALINE SOLUTION, 5L, Normal Saline Solution	2	2,750.00	5,500.00
12 ✓	pcs	AUTOCLAVABLE PETRI PLATES, 150mm x 15mm, Pyrex	20	950.00	19,000.00
14 ✓	pcs	AUTOCLAVABLE TEST TUBE, with screw caps 55ml, Pyrex	200	220.00	44,000.00
24 ✓	pcs	AUTOCLAVABLE INOCULATING NEEDLE, w/Aluminum handle	10	75.00	750.00
25 ✓	pcs	AUTOCLAVABLE INOCULATING LOOP, w/Aluminum handle	10	75.00	750.00
					102,960.00

 Purpose: for Antagonist Activity of Bacterial Endohytes Isolated from Mahogany (Swietenia Macrophylla King) Leaves Against Causative Agents of Sugarcane (Saccharum Officinarum) Diseases. Lead Author: Angelica A. Tabamo

(Total Amount in Words) One Hundred Two Thousand Nine Hundred Sixty 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

Authorized Official

Conforme:

Emily L. Manancala
6/10/24

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: BK1 lot 7 Caimito road Extn. Juchville Subd. Bacoor Cavite



Funds Available:

Jasper A. Yauder
JASPER A. YAUDER, CPA
Budget Officer

ALOBS No.: 16-NUMPH 77496-1570

Amount: 102,960.00



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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

ALOBS No. : 12-NUMM-2024-1870
Amount : 102,960.00