



# PURCHASE ORDER

Procurement Unit

**DELIVERY DUE DATE:** 02/2/24

Telephone No.: 045-606-8142/606-8157

Supplier: **LB2 LABORATORY SUPPLIES**  
 Address: **#8 San Antonio Ave. SAV1, Paranaque City**  
 Type of Business: **Merchandising**  
 TIN#: **282-321-992-000 VAT Reg.**  
 Tel. No.: **(02) 7119-0556/0917-100-7761/0917-123-2848/0919-231-3458**

PR No.: **2023-11-462**  
 PO No.: **2023-678**  
 Date: **12/19/2023**  
 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**

Delivery Term: **30 Calendar days**

Date of Delivery:

Payment Term: **n/15**

Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
1	piece	<b>MESH SIVE NO. 20, Stainless steel mesh sieve no. 20; no. 20, 20 mesh, 850 microns</b>	1	4,160.00	4,160.00
2	piece	<b>AUTOCLAVABLE 90 mm GLASS LABORATORY FUNNEL, 90 mm laboratory glass funnel, funnel short stem 90 mm</b>	30	290.00	8,700.00
3	piece	<b>AUTOCLAVABLE LABORATORY GLASS CELL SPREADER, L-Glass rod, 12 inches x 2.5 inches, brand: cordial, material: glass warranty: 6 months</b>	10	178.00	1,780.00
					<b>14,640.00</b>

\*\*\*\*\*  
 Purpose: for the conduct of the study entitled "Isolation and Characterization of Cellulose Nanofiber from Saresa (Muntingia calabura) and its potential application on water purification" Lead Author - Robert V. Marcos

(Total Amount in Words) Fourteen Thousand Six Hundred 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

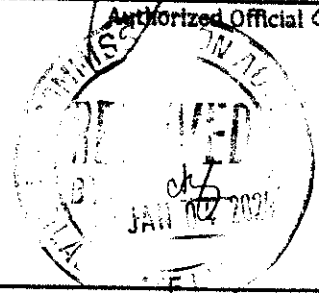
Authorized Official

Conforme: *John Reynold Quintan* 01/03/2024

**LB2 LABORATORY SUPPLIES**

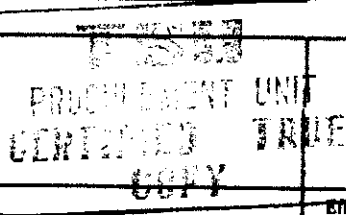
(Signature over printed name & date)

Bank Account Name: **LB2 LABORATORY SUPPLIES**  
 Bank Account Number: **1561-1128-66**  
 Bank Name: **Land Bank**  
 Bank Address: **sucat Branch**



Funds Available:

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



ALOS No.: **02-702447-2023-12-2175**  
 Amount: **14,640.00**



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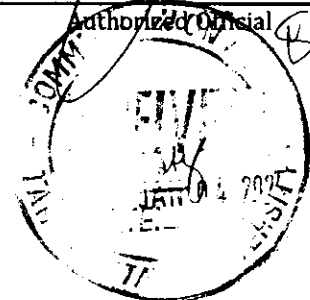
*[Signature]*  
 DR. GRACE N. ROSETE  
 Vice President for Administration

Conforme:

**LB2 LABORATORY SUPPLIES**

(Signature over printed name & date)

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



Funds Available:

*[Signature]*  
**JASPER A. YAUDER, CPA**  
 Budget Officer

ALOBS No. : 02-206441-2023-12-3175  
 Amount : 14,640.00