



PURCHASE ORDER

Procurement Unit

Tel. No.: 045-606-8110 local 157/142

DELIVERY DUE DATE: 17 MAY 2025

Supplier : **CHEMLINE SCIENTIFIC CORPORATION**

Address : #28 Law St., Victoria Subd., Brgy. Sauyo Novaliches, Quezon City

Type of Business : Manufacturing

TIN#: 007-556-435-000 VAT Reg.

Tel. No.: 0917-542-0422

PR No.: 2025-01-030

PO No.: 2025-166

Date: 3/11/2025

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: 60 calendar days

Payment Term: N/15

Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
6	bottle	POTASSIUM BISULFATE , Chemical Reagents, TPC India 39052 - 500g	1	1,500.00	1,500.00
9	bottle	PLATE COUNT AGAR , Condalab 1056 - 500g, A non-selective medium for the plate count of microorganisms in water, milk and other dairy products: 500g per bottle Provide SDS of the chemical and certificate of analysis. Shelf life should be at least 3 years or longer from date of purchase. After sales provision on certificate of extension of expiry date. ***** Purpose: for Laboratory use. APP 1st Quarter 2024	2	4,800.00	9,600.00
					11,100.00

(Total Amount in Words) Eleven Thousand One 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,

Conforme:

DR. ARNOLD E. VELASCO

President

Authorized Official

CHEMLINE SCIENTIFIC CORPORATION

(Signature over printed name & date) March 18, 2025 received email 3/28/25

Bank Account Name:

Bank Account Number:

Bank Name:

Bank Address:

Funds Available:

IASPERA YAUDER, CPA

Budget Officer

ALOBS No. :

Amount :



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President

Authorized Official

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CHEMLINE SCIENTIFIC CORPORATION

(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. :

Amount :