



PURCHASE ORDER

DELIVERY DUE DATE: 04 APR 2024

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

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.: 2024-01-023

PO No.: 2024-157

Date: 3/14/2024

Mode of Procurement: Small Value

Gentlemen:

Please furnish this office the following articles subject to the terms and conditions contained herein:

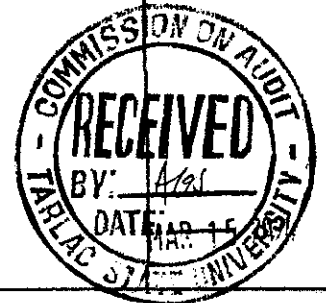
Place of Delivery: **TARLAC STATE UNIVERSITY**

Delivery Term: 20 calendar days

Date of Delivery:

Payment Term: n/15

Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
17	box	NITRILE EXAM GLOVES , Medium, Glomed Brand, Ambidextrous Non-Sterile Gloves, Powder Free 100pcs/box	8	480.00	3,840.00
21	piece (s)	RESPIRATOR , Respirator Mask N95, 3M9105 Brand ***** Purpose: Occupational Safety and Health Supplies and Materials - APP 1st Quarter 2024	19	95.00	1,805.00
					5,645.00



(Total Amount in Words) Five Thousand Six Hundred Forty-Five 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

University President

Authorized Official

Conforme:

Mananala 3/15/24
Emily L. Mananala

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: Blk 1 lot 7 Calmib road Esth. Tuctaville Subd. Bacoor City, Cavite

Funds Available:

[Signature]
IASPER A. YAUDER, CPA

Budget Officer

ALOBS No.: 62.70441.2024-03-001

Amount: 5,645.00



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DR. ARNOLD E. VELASCO
University 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.: 02-Medical-2024-02-08W

Amount: 5,645.00