



# PURCHASE ORDER

**DELIVERY DUE DATE:** 06 APR 2025

Procurement Unit

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

Supplier : **LUCKY 2 NON-SPECIALIZED WHOLESALE TRADING**  
 Address : **Atlanta St. Niñas Ville, Brgy. Suizo, Tarlac City**  
 Type of Business: **Merchandising Business**  
 TIN#: **482-667-684-000 Non-VAT**  
 Tel. No. : **0969-475-2805 / 0932-221-0201**

PR No.: **2025-01-011**  
 PO No.: **2025-143**  
 Date: **2/27/2025**  
 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: **30 Calendar days**  
 Payment Term: **n/15**

Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
20	pack	ZIPLOCK BAG, 100pcs 17 x 24cm	1	250.00	250.00
21	pack	ZIPLOCK BAG, 100pcs 20 x 28cm	1	300.00	300.00
24	piece	HERBARIUM MOUNTING BOARD, A3, • Buffered with approximately 3% calcium carbonate to inhibit acid migration. • Grain direction is parallel to the long dimension to assure ease in handling after specimens have been mounted. • Acid-free and lignin-free with a pH of 8.5	100	153.00	15,300.00
***** Purpose: to conduct the study titled "Morphological and Molecular Identification and Ex Situ Conservation of Endemic Plants from Mt. Damas, San Clemente, Tarlac. Lead Author: Geraldine Villanueva.					<b>15,850.00</b>

(Total Amount in Words) Fifteen Thousand Eight Hundred Fifty 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

BRIGIDO CORPUZ, TSU

*[Signature]*  
OIC 2025 0304

Conforme:

*[Signature]* 03-07-25

**LUCKY 2 NON-SPECIALIZED WHOLESALE TRADING**

(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. : 02-10101-1025-03-0257  
Amount : **P15,850**