



Procurement Unit

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

**PURCHASE ORDER****DELIVERY DUE DATE:** 27 MAY 2025

Supplier: **MARS LABORATORY INSTRUMENTS CENTER**  
Address: Unit 610, Prestige Tower, Emerald Ave., Ortigas Center, Pasig City, Metro Manila  
Type of Business: Merchandising  
TIN No.: 115-735-798-00000 VAT Reg.  
Tel. No.: (02) 631-8799 or 632-9809

PR No.: 2025-01-041  
PO No.: 2025-184  
Date: 3/20/2025  
Mode of Procurement: Small Value

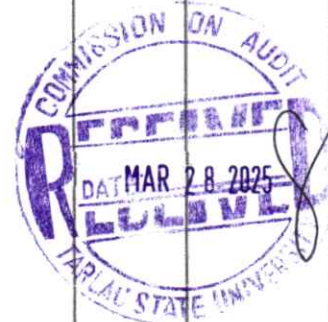
Gentlemen:

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
2	bottle	<b>SODIUM CHLORITE, 500g Hi Media</b> ***** <i>Purpose: to conduct the study titled "Isolation and Characterization of Cellulose Nanofiber from Saresa (Muntingia Calabura) and its Potential Application on Water Purification. Lead author Robert V. Marcos.</i>	2	1,320.00	<b><u>2,640.00</u></b>



(Total Amount in Words) Two 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,

Conforme:

JUDITH M. LABURADA

**MARS LABORATORY INSTRUMENTS CENTER**

(Signature over printed name &amp; date)

Bank Account Name: Mars Laboratory Instruments Center  
Bank Account Number: 103-00000-6940  
Bank Name: CHINA BANK- JADE BRANCH  
Bank Address: Antel Global Corporate Center Jade Drive, San Antonio, Pasig City

DR. ARNOLD E. VELASCO

President

Authorized Official

Funds Available:

JASPER A. YAUDER, CPA  
Budget Officer

ALOBS No.: 02-206441  
2025-03-18006Amount: 2,640.00



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DR. ARNOLD E. VELASCO

President

Authorized Official

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**MARS LABORATORY INSTRUMENTS CENTER**

(Signature over printed name &amp; date)

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Bank Account Number: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_

Funds Available:

JASPER A. YAUDER, CPA

Budget Officer

ALOBS No.:

Amount: