

PURCHASE ORDER

Procur	ement	Unit	

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

2 2 AUG 2024 **DELIVERY DUE DATE:**

PR No.:

2024-06-257

PO No.:

2024-480

Date:

07/18/2024

Mode of Procurement:

Small Value

TIN No.:

206-818-612-000 VAT Reg.

MAGIC STAR SUPERMARKET

Merchandising

Supplier:

Address:

Type of Business:

Tel. No.: (045) 628-4290

Cut Cut 1st, Tarlac City

Gentlemen:

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

Place of Delivery: Item No. Unit Description Quantit 1 can DISINFECTANT SPRAY, Aerosol 340g, Lysol ***********************************			or enn.
Item No. Unit Description Quantit 1 can DISINFECTANT SPRAY, Aerosol 340g, Lysol ***********************************	Term:	VERSITY	30 calendar days
DISINFECTANT SPRAY, Aerosol 340g, Lysol ********************** Purpose: Phase 1: Assessment and Authentication of Invasive Alien Tree Species Found in Selected Forest Areas of San Jose Tarlac Phase: 2 Phytochemical Screening and Antimicrobial Activity of Invasive Alien Tree Species Found in Selected Forest Areas of San Jose Tarlac. Lead Author:	t Term:		<u>n/15</u>
**************************************	y Unit Cost	1	Total Cost
Invasive Alien Tree Species Found in Selected Forest Areas of San Jose Tarlac Phase: 2 Phytochemical Screening and Antimicrobial Activity of Invasive Alien Tree Species Found in Selected Forest Areas of San Jose Tarlac. Lead Author:	411.00		2,055.00
		Selected Forest Areas mical Screening and n Tree Species Found Tarlac. Lead Author:	

(Total Amount in Words) Two Thousand Fifty-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

Conforme:

Very truly yours,

DR. ARNOLD E. VELASCO

President

MAGIC STAR SUPERMARKET	Г
------------------------	---

(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. :07 - 204/41 - 2011 17 - 2457

Amount:

2 mi . w

Form No.: TSU-PRO-SF 09

Revision No. 03

Effectivity Date: August 24, 2020

Page 1 of 1