

PURCHASE ORDER

3/9/24 DELIVERY DUE DATE:

Tel. No.: (045) 606-9142/606-8157

Supplier: BELMAN LABORATORIES

Address: Belman Building, #78 Cordillera St., cor. Quezon Ave., Brgy.

Doña losefa, Ouezon Citv Type of Business: Merchandising

11N No.: 000-391-662-000 VAT Reg.

Tel. No.: 0917-190-4444 / (02) 8712-0201

PR No.: 2023-09-352

PO No.: 2023-622

Date: 11/30/2023

Mode of Procurement: Small Value

Gentlemen:

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

Place of Delivery: Date of Delivery:		TARLAC STATE UNIVERSITY	Delivery Term Payment Term	 	
ltem No.	Unit	Description	Quantity	Unit Cost	Total Cost
2	bottle	MUELLER HINTON AGAR, 500g, Titan	3	2,826.00	8,478.00
		Media			
3	bottle	MUCLLER HINTON BROTH, 500g, Tican	ŝ	3,405.00	10,215.00
	l. and	Media		 	_
4	bottle	NUTRIENT AGAR, 500g, Titan Media	2	2,800.00	5,600.00
5	bottle	NUTRIENT BROTH, 500g, Titan Media	2	2,002.00	4,001.00
6	bottle	POTATO DEXTROSE AGAR, 500g, Titan	2	2,370.00	4,740.00
		Media		1	
22	bottle	HCL CONCENTRATED BOTTLE, 2.5L.	1	966.00	966.00
27	bottle	Labscan SULFURIC ACID CONCENTRATED BOTTLE, 2.5L, Labscan	1	1.085.00	1,085.00
		*****************			35.088.00
		Purpose: to be used in the conduct of the research			AAIAAAIAA
		Authentication of Invasive Alien Tree Species Found in Selected Forest Areas of Sun Jose Tarluc Phase 2: Phytochemical Screening and Antimicrobal Activity of Invasive Alien Tree Species Found in Selected Forest Areas of San Jose Tarlac, Geraldine R. Gamoso - Lead Author			

(Total Amount in Words) Thirty Five Thousand Eighty Eight 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

(Signature over printed name & date) Bank Account Name: **Bank Account Number** Dank Mame: Bank Address: Funds Available:

Vice President for Administration Authorised Official

DR. SRÁCILN. ROSETE

12-10 2101-1015-11-0909

ALOBS No Amount: \$ 350%

IASPER A. YAUDER, CPA **Budget Officer**

Form No.: TSU-PRO-SF 09 Revision No. 03

Effectivity Date: August 24, 2020

Very truly yours,

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PURCHASE ORDER

DELIVERY DUE DATE:

3/9/24

Procurement Unit

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

Supplier: **BELMAN LABORATORIES**

Address: Belman Building, #78 Cordillera St., cor. Quezon Ave., Brgy. Doña Iosefa. Ouezon Citv

Type of Business: Merchandising

TIN No.: 000-391-662-000 VAT Reg.

Tel. No.: <u>0917-190-4444 / (02) 8712-0201</u>

PR No.: 2023-09-352

PO No.: 2023-622

Date: 11/30/2023

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	•	60 calendar days
Date of Delivery:			Payment Term:		n/15
Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
2	bottle	MUELLER HINTON AGAR, 500g, Titan Media	3	2,826.00	8,478.00
3	bottle	MUELLER HINTON BROTH, 500g, Titan Media	3	3,405.00	10,215.00
4	bottle	NUTRIENT AGAR, 500g, Titan Media	2	2,800.00	5,600.00
5	bottle	NUTRIENT BROTH, 500g, Titan Media	2	2,002.00	4,004.00
6	bottle	PÓTATÓ DEXTROSE AGAR, 500g, Titan Media	2	2,370.00	4,740.00
22	bottle	HCL CONCENTRATED BOTTLE, 2.5L, Labscan	1	966.00	966.00
27	bottle	SULFURIC ACID CONCENTRATED BOTTLE, 2.5L, Labscan	1	1,085.00	1,085.00
		Purpose: to be used in the conduct of the research proposal entitled "Phase 1: Assessment and Authentication of Invasive Alien Tree Species Found in Selected Forest Areas of San Jose Tarlac Phase 2: Phytochemical Screening and Antimicrobal Activity of Invasive Ailen Tree Species Found in Selected Forest Areas of San Jose Tarlac, Geraldine R. Gamoso - Lead Author			<u>35,088.00</u>

(Total Amount in Words) Thirty-Five Thousand Eighty-Eight Pesos Only

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> DR. GRACIAN. ROSETE Vice President for Administration

> > Authorized Official

Very truly yours,

Conforme:

BELMAN LABORATORIES

(Signature over printed name & date)

Bank Account Name:

Bank Account Number

Bank Name:

Bank Address:

Funds Available:

ASPER A. YAUDER, CPA

Budget Officer

ALOBS No.: 12-10 201-013-12-0909

Amount: \$350W

Effectivity Date: August 24, 2020

Form No.: TSU-PRO-SF 09

Revision No. 03

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