

PURCHASE ORDER

Procurement Unit

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

Supplier: GRB ENTERPRISES, INC.

19th Floor, Tower 1, Insular Life Corporate Center, Insular Life Address: Drive, Filinvest, Corporate City, Alabang, Muntinlupa City, 1781

Type of Business: Merchandising

TIN No.: 008-649-260-00000 VAT Reg. Tel. No.: 0917-622-9953 / (02) 8776-7552

Gentlemen:

DELIVERY DUE DATE:

PR No.: 2023-03-125

6/18/23

PO No.: 2023-211

Date: 5/12/2023

Mode of Procurement: Small Value

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: Payment Term:		30 calendar days n/15	
Item No.	Unit	Description	Quantity	Unit Cost	Total Cost	
1	box	PETRIFILM, Salmonella Count Plates, 50 plates/box	1	14,199.00	14,199.00	
2	pack	PETRIFILM, Salmonella Confirmation Disk, 5 disks/pack	10	3,845.00	38,450.00	
3	pc	SALMONELLA, Enrichment Supplement, 1g/vial	3	5,467.00	16,401.00	
4	box	PETRIFILM, Staph Express Count Plates, 50plates/box	1	7,035.00	7,035.00	
5	pack	PETRIFILM, Staph Express Disks, 20disks/pack	2	3,646.00	7,292.00	
6	box	PETRIFILM E. CILI/ Coliform count plates, 50plates/box	1	6,862.00	6,862.00	
7	box	PETRIFILM, Yeast and molds count plates, 100plates/box	1	7,976.00	7,976.00	
8	pc	SALMONELLA, Enrichment Base, 500g/bottle (SEB500)	2	4,664.00	9,328.00	
		**************************************			107,543,00	

(Total Amount in Words) One Hundred Seven Thousand Five Hundred Forty Three 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: Malajka C. Seacor

5/19/23

GRB ENTERPRISES, INC.

(Signature over printed name & date)

Bank Account Name:

GRB Enterprises, Inc.

Bank Account Number:

004310167007

Bank Name:

Banco De Oro

Bank Address:

Better Living, Bicutan, Paranaque

Funds Available:

Budget Officer

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

Very truly yours,

ALOBS No.: 02 . muyy 20 - 05-1167

Amount:

DR. GRACE N. ROSETE Vice President for Administration

Authorized Official

Effectivity Date: August 24, 2020

Page 1 of 1



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		********** Purpose; for approved viable demonstration project (Kadlowrie Spread) ds) One Hundred Seven Thousand Five Hundred Forty	-	-	107,543.00	

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DR. GRACE N. ROSETE

Vice President for Administration

Authorized Official

Very truly yours,

Conforme:

GRB ENTERPRISES, INC.

(Signature over printed name & date)

Bank Account Name:

Bank Account Number:

Bank Name:

Bank Address:

Funds Available:

JASPER A. YAUDER, CPA

Budget Officer

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

RECEIVED

COMMISSION ON AUDIT. TSU

ALOBS No.: 12-20441-2019-05-1147

Amount: 107.549 . N

Effectivity Date: August 24, 2020

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