

PURCHASE ORDER

Procurement Unit

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

Supplier: BELMAN LABORATORIES

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

Type of Business: Merchandising TIN No.: 000-391-662-000 VAT Reg.

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

Gentlemen:

DELIVERY DUE DATE: 3/8/24

PR No.: 2023-10-425

PO No.: 2023-686

Date: 12/21/2023

Mode of Procurement: Small Value

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

Place of Delivery: Date of Delivery:		TARLAC STATE UNIVERSITY	Delivery Term: Payment Term:		60 calendar days
tem No.	Unit	Description	Quantity	Unit Cost	n/15
13	pack	INOCULATION LOOP, 10μL, inoculating loop, sterile, orange, 1000 pieces/case	1	3,350.00	Total Cost 3.350.00
		(25pcs/pack), Biologix ***********************************			
otal Amoun	t in Word	s) Three Thousand Three Hundred Fifty Pesos Cope for a period minimum of Three (3))nlu		

18 24

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,

Vice President for Administration

Authorized Official

TECHNICAL SALES REPRESENTATIVE BELMAN LABORATORIES (Signature over printed name & date)

Bank Account Name:

Conforme:

Bank Account Number:

CARREN UGTUHAN

Bank Name: Bank Address:

Funds Available:

IASPER A. YAUDER, CPA

Budget Officer

Form No.: TSU-PRO-SF 09 Revision No. 03 ALOBS No.: 12-1000441- 2013-12-3192

Amount:

3 300 . J

Effectivity Date: August 24, 2020

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Brgy. Doña Josefa, Quezon City

Type of Business: Merchandising TIN No.: 000-391-662-000 VAT Reg.

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

PR No.: 2023-10-425

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Very truly yours

DR. GRACE N. ROSETE Vice President for Administration

Conforme:

BELMAN LABORATORIES

(Signature over printed name & date)

Bank Account Name:

Bank Account Number:

Bank Name:

Bank Address:

Funds Available:

IASPER A YAUDER, CPA

Budget Officer

Form No.: TSU-PRO-SF 09 Revision No. 03 ALOBS No.: 02-101441. 2003-12-3172

Amount:

Effectivity Date: August 24, 2020

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