



# PURCHASE ORDER

**DELIVERY DUE DATE:** 02/3/24

Procurement Unit

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

Supplier: **LB2 LABORATORY SUPPLIES**  
 Address: **#8 San Antonio Ave. SAV1, Paranaque City**  
 Type of Business: **Merchandising**  
 TIN#: **282-321-992-000 VAT Reg.**  
 Tel. No.: **(02) 7119-0556/0917-100-7761/0917-123-2848/  
 0919-231-3458**

PR No.: **2023-10-425**  
 PO No.: **2023-688**  
 Date: **12/22/2023**  
 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: **30 Calendar days**  
 Date of Delivery:      Payment Term: **n/15**

Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
5	piece	<b>BRUSH</b> , kitchen cleaning brush, long handle cleaning brush with removable brush sponge; with built-in dispenser of dishwashing liquid	3	130.00	390.00
6	piece	<b>BUNSEN BURNER</b> , standard burner, natural gas, 1/2" (13mm) mixing tube OD, 5.33 CFH, 5,465 BTU output, 5-3/8" (137mm) overall height	5	1,000.00	5,000.00
18	unit	<b>NOISE METER</b> , digital LCD display, 30-310 dB range, ± 1.5 dB precision, 0.01 dB resolution ***** Purpose: Laboratory Supplies and Materials - APP 3rd Quarter 2023	1	8,550.00	8,550.00
					<b>13,940.00</b>

(Total Amount in Words) Thirteen Thousand Nine 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,

*[Signature]*  
 DR. GRACE N. ROSETE  
 Vice President for Administration

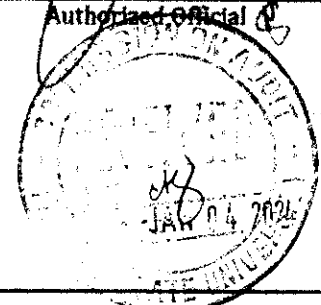
Authorized Official

Conforme: *[Signature]* 01/4/24  
CAMELLE F. CASIELA

### LB2 LABORATORY SUPPLIES

(Signature over printed name & date)

Bank Account Name: **RYAN NORMANDE / LB2 LABORATORY SUPPLIES**  
 Bank Account Number: **1561-1128-066**  
 Bank Name: **LANDBANK**  
 Bank Address: **SULAIT**



Funds Available:  
*[Signature]*  
**JASPER A. TAUDER, CPA**  
 Budget Officer

ALOPS No. **23-20116-2022-12-9172**  
 Amount: **13,940.00**



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*[Signature]*  
 DR. GRACE N. ROSETE  
 Vice President for Administration  
 Authorized Official

Conforme:

**LB2 LABORATORY SUPPLIES**  
 (Signature over printed name & date)

Bank Account Name: \_\_\_\_\_  
 Bank Account Number: \_\_\_\_\_  
 Bank Name: \_\_\_\_\_  
 Bank Address: \_\_\_\_\_



Funds Available:  
*[Signature]*  
**JASPER A. YAUDER, CPA**  
 Budget Officer

ALOBS No. : *02-M0441-2023-12-3121*  
 Amount : *13,940.00*