



PURCHASE ORDER

Procurement Unit

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

DELIVERY DUE DATE: 7/15/24

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

PR No.: 2024-02-087
 PO No.: 2024-293
 Date: 5/8/2024
 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
4	bottle	NUTRIENT AGAR , 500grams, Titan Media I TM/TM1054	2	2,800.00	5,600.00
5	bottle	LURIA BROTH , Medium/Agar 500grams, Luria Bertani Agar, Miller (miller luria bertani agar) Titan Media TM376	2	1,951.00	3,902.00
***** <i>Purpose: Phase 1: Isolation and characterization of bacterial endohyptes from mahogany (Swietenia macrophylla King) trees in Tarlac State University Lucinda Campus. Phase 2: Bacterial endohyptes isolated from mahogany (Swietenia macrophylla King) trees in Tarlac State University - Lucinda Campus as bioinoculant for corn (Zea mays) Lead Author: Angelica Tabamo</i>					9,502.00



(Total Amount in Words) Nine Thousand Five Hundred Two 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. ARNOLD E. VELASCO
 President
 Authorized Official

Conforme:

[Signature]
 CAREN UGTUHAN 5/16/24
 TECHNICAL SALES REPRESENTATIVE
BELMAN LABORATORIES
 (Signature over printed name & date)

Bank Account Name: _____
 Bank Account Number: _____
 Bank Name: _____
 Bank Address: _____

Funds Available:

[Signature]
JASPER A. YAUDER, CPA
 Budget Officer

ALOPS No. : 02-2044-2024-1574
 Amount : 9,502.00



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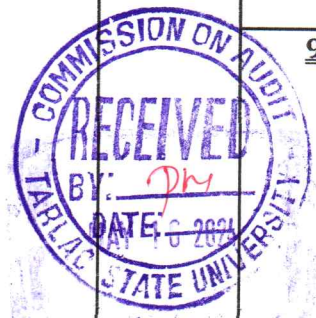
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DR. ARNOLD E. VELASCO
 President
 Authorized Official

Conforme:

BELMAN LABORATORIES

(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. : 02-20441-2024-104
 Amount: 9,502.00