



# PURCHASE ORDER

**DELIVERY DUE DATE:** 3/8/24

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

PR No.: 2023-10-442  
PO No.: 2023-687  
Date: 12/21/2023  
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	L	<b>CHLOROFORM</b> , Labscan (PCL exemption letter), 4L	1	2,338.00	2,338.00
3	L	<b>ORTHOPHOSPORIC ACID, O- PHOSPORIC ACID AR 85% Labscan, 2.5L</b> ***** <i>Purpose: for the conduct study entitled "Investigating the Potential of Calamansi (citrofortunella macrocarpa) Fruit wastes as Starch-based Bioplastic Precursor" Lead Author: Jaidrei Meg Cabanding</i>	1	2,842.00 <del>2,482.00</del>	2,842.00
					<b>5,180.00</b>

(Total Amount in Words) Five Thousand One Hundred Eighty Pesos Only

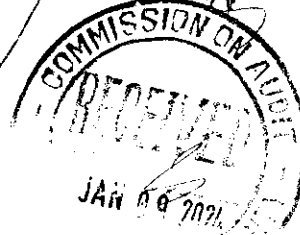
Warranty shall be for a period minimum of Three (3) months for expendable supplies, or a minimum period of one (1) Year for non-expendable supplies. In case of failure to make full delivery within the time specified above, a penalty of one-tenth (1/10) of one percent for every day of delay shall be imposed

Very truly yours,

DR. GRACE N. ROSETE

Vice President for Administration

Authorized Official



Conformed: 1/8/24

CARREN UGTUHAN  
TECHNICAL SALES REPRESENTATIVE  
**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

ALOBS No. : 02-700441-2023-12-3179  
Amount : 5,180.00



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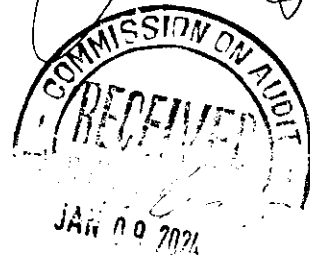
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Very truly yours,

*J*  
**DR. GRACE N. ROSETE**  
 Vice President for Administration

Authorized Official

Conforme:



### **BELMAN LABORATORIES**

(Signature over printed name & date)

Bank Account Name: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_

Funds Available:

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

ALOBS No. : 02-2024/1-2023-12-3174  
 Amount : 5,180.00