



# PURCHASE ORDER

**DELIVERY DUE DATE: 13 JUN 2024**

Procurement Unit

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

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

PR No.: **2024-03-147**  
 PO No.: **2024-327**  
 Date: **5/17/2024**  
 Mode of Procurement: **Small Value**

Contentment:  
 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: **20 Calendar days**  
 Payment Term: **n/15**

Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
1	piece	<b>HYGROMETER, Digital Hygrometer Maximum Humidity Measurement: 99%RH Best Humidity Measurement Accuracy: (+/-) 5%RH warranty: 6 months</b> ***** <i>Purpose: Laboratory Tools and Devices - APP 1st Quarter 2024</i>	2	7,500.00	<b>15,000.00</b>

Total Amount in Words) **Fifteen Thousand 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.

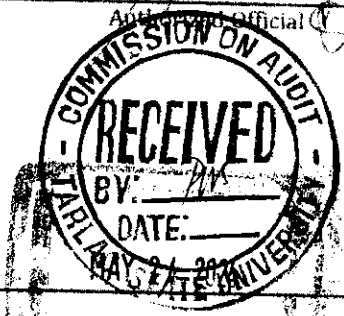
Very truly yours,

**DR. ARNOLD E. VELASCO**  
 President

Conforme: *[Signature]* **5-14-2024**  
**MAYNIE B. FELIU**  
**LB2 LABORATORY SUPPLIES**  
 (Signature over printed name & date)

Printed Name: **LB2 LABORATORY SUPPLIES**  
 Tax Identification Number: **1561-1179-66**  
 City: **LANDISANIK**  
 Province: **SUCAT PARANAQUE**

Funds Available:  
**JASPER A. VAUDER, CPA**  
 Budget Officer



ALOBS No.: **12-181101-2024-0017**  
 Amount: **15,000.00**

\*



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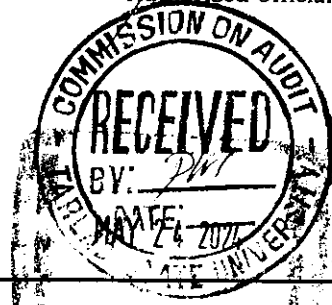
Authorized Official

Conforme:

**LB2 LABORATORY SUPPLIES**

(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.: **12-101101-2024-a-0617**  
 Amount: **15,000.00**