



PURCHASE ORDER

Procurement Unit
Tel No.: 045-606-0142

DELIVERY DUE DATE: 9-28-2019

Supplier : ALCAPORT TRADE	PR No.: 2018-11-351
Address : #34 Buenamar Road, Novaliches, Quezon City	PO No.: 2019-544
TIN#: 129-236-481-000	Date: 8/27/2019
Tel. No. : (632) 709-0805 / 332-4534 / 625-6437	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
42	pack	PH PAPER , Isolab pH paper, Universal, roll, pH range- 1-14pH, Strip width: 6mm, Quantity: 5 meters per pack, Origin: Germany	2	528.00	1,056.00
47	pcs	TEST TUBE RACK , Isolab Tube racks, Polypropylene, Dismantled, for tubes: 30mm, Well Quantity: 21, Tube array: 3x7, LxWxH: 125x265x90mm, Color: White, Origin: Germany	6	468.00	2,808.00
80	pcs	GLASS BEADS , Isolab glass beads, Diameter: 5.0-6.0, Origin: Germany	1	296.00	296.00
91	pcs	PIPETTE SUPPORT RACK , Isolab, Pipette Stand, Horizontal, Dimension: 240x180x290mm, Manufactured from: Moulded Polypropylene, Origin: Germany	2	712.00	1,424.00
***** Purpose: Laboratory equipment, glasswares and supplies - APP 2019 1st Qu					5,584.00

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

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. GLENARD T. MADRAGA
VP, Admin. & Finance
Authorized Official

Conforme: *[Signature]* 8/29/2019

ALCAPORT TRADE

(Signature over printed name & date)

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

COMMISSION ON AUDIT TSLU
RECEIVED
 BY: *[Signature]* 30 AUG 2019

Funds Available: _____
JESUS S. DANGANAN
 Budget Officer IV

ALOBS No. :
Amount :

Handwritten note: 8/30/19



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Authorized Official *[Signature]*

Conforme:

ALCAPORT TRADE

(Signature over printed name & date)

Bank Account Name: _____

Bank Account Number: _____

Bank Name: _____

Bank Address: _____

Funds Available: *[Signature]*
JESUS S. DANGANAN
Budget Officer IV



[Signature] 30 AUG 2019

ALOBS No. :
Amount :