



PURCHASE ORDER

DELIVERY DUE DATE: 01/6/24

Procurement Unit

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

Supplier: **LUCKY 2 NON-SPECIALIZED WHOLESALE TRADING**
 Address: **Atlanta St. Niñas Ville, Brgy. Suizo, Tarlac City**
 Type of Business: **Merchandising Business**
 TIN#: **482-667-684-000 Non-VAT**
 Tel. No.: **0969-475-2805 / 0932-221-0201**

PR No.: **2023-09-352**
 PO No.: **2023-620**
 Date: **11/30/2023**
 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
29	roll	ALUMINUM FOIL, 30cm x 16m	10	200.00	2,000.00
30	pcs	ALUMINUM FOIL DISPENSER, holds a 13x4x4.5" inches roll of foil	2	1,500.00	3,000.00
33	pack	ZIP BAG, 3MILS, 16cmx24cm, (100/pack)	3	750.00	2,250.00
34	pack	ZIP BAG, 3MILS, 20cmx30cm, (100/pack)	3	950.00	2,850.00
37	pack	KRAFT BROWN PAPER BAGS, 3.5x6.5," (100/pack)	3	150.00	450.00
38	pack	KRAFT BROWN PAPER BAGS, 4x8," (100/pack)	3	200.00	600.00
					11,150.00

 Purpose: to be used in the conduct of the research proposal entitled "Phase 1: Assessment and Authentication of Invasive Alien Tree Species Found in Selected Forest Areas of San Jose Tarlac Phase 2: Phytochemical Screening and Antimicrobial Activity of Invasive Alien Tree Species Found in Selected Forest Areas of San Jose Tarlac, Geraldine R. Gamoso - Lead Author ,

(Total Amount in Words) Eleven Thousand One Hundred Fifty 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

DEC 06 2023

Conforme: *[Signature]* 12-07-23

LUCKY 2 NON-SPECIALIZED WHOLESALE TRADING

(Signature over printed name & date)

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

COMMISSION ON AUDIT
RECEIVED
 By: _____ Date: DEC 07 2023

Funds Available:

[Signature]
JASPERA YAUDER, CPA
 Budget Officer

ALOBS No.: **02-0201-2023-117910**
 Amount: **11,150**