



QUINTUPLICATE

PURCHASE ORDER

Supplier: YANA CHEMODITHS INC.				P.O. No. : 2023-09-278			
Address : 151 Kalifaya Street, Brg9, Tatalon, Quezon City TIN:			Date: 18-5-2023 Mode of Procurement: Alan Parent				
MEN LA ROSA DE LA RESE	N CHR	NA L. DUSUBAN; (02) 7522329	Mode of Pr	ocurement:	The Asset Asset	Name of the second	
Gentiemen.		se furnish this Office the following articles subject to the ter	ms and cond	ditions containe	d herein:		
DEPARTMENT OF EMESORY, Energy Center, Rigal Dr., BGC, Ta			Delivery Term (g. 250)				
Place of Delivery:			Payment Term: Payment will be processed within a fine upon example to a services, automession of a required a decements, a leading of services and a services from the consistency of services and a services of the consistency of the consisten				
							Stock/Property No.
			74-1-15 N	and the second	Trachite Society		
		DELIVERY AND SUPPLY OF LABORATOR SUPPLIES & MATERIALS (PARTS &	V Popular				
		CONSUMABLES)		to the state of the	Paga Consultation		
1 200	di	Disposable Piperres, 3mL, 1000pcs/cm		nan oyet.	1100.00 P	2 200 00 .	
		Other Terms and General Conditions:	n na nana				
		as stated in the Request For Quotation (RF) 2023-04-0213-0602-0108)	G-U1-U101		o social de		
			e	GUIDAL STATE OF THE STATE OF TH	AMOUNT B	2,200.00	
		*Subject to deduction of allowed government	MXES ON IL	na/			
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		Contraction and Contraction (Contraction)		45.	Barriera in andi-		
				official in the			
				Parison Co			
				an The r			
(Total Amount in Word	s)	Two Thousand Two Hundred Pesos Only	The same of the sa				
		e to make the full delivery within the time specified above, a e imposed on the underdelivered item/s.					
Conforme: /		This PO serves as the Holice to P	Hoseed (H)	ry wien siai	ion of the orb	D (frid)	
Conforme.	7.X	Very Truly yours:	LOCAL NA BO	¥Γ 4/8 LDE GUZN	IAN CESO D		
S	ignature	over Printed Name of Supplier Si	gnature over F	Printed Name of A			
		TO 10.2 DIS		ctor ERTL	rentalika (ett.)		
		Date		Designation			
Fund Cluster :	11/		ORS/BURS	No.: / //	1101 2027 6	9 66 986	
Funds Available :				Date of the ORS/BURS:			
				Amount:			
Page 1 of 5 marchpi	Si	gnature over Printed Name of Chief Accountant/Head of	2. V			,	
	The state of the s	Accounting Division/Unit					