



PURCHASE ORDER

Procurement Unit

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

DELIVERY DUE DATE: 5/18/24

Supplier: **STERITEX MEDICAL SYSTEM**
 Address: **BLK 31a Lot 13, Ivory beige St. cor VDS Minor Road,
 Villa Del Sol Subdivision, Magliman, Pampanga**
 Type of Business: **Merchandising**
 TIN No.: **207-815-023-00000 VAT Reg.**
 Tel. No.: **0917-855-5196**

PR No.: **2024-02-057**
 PO No.: **2024-212**
 Date: **4/11/2024**
 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/30**

Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
1	piece	HANDHELD FIRST AID KITS POUCH, Multi-Layer Portable Medical Kit Bag (Medium Size) ***** <i>Purpose: Long Term Extension Service: Basic First Aid Seminar & Training, Under Approved University 1st Community Development Projects and Capacity Building for Project Implementation: COS Angat 4K Program</i>	60	285.00	17,100.00



(Total Amount in Words) Seventeen Thousand One Hundred 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

Authorized Official

Conforme: *ROBINHILAS DITUM 4/18/24*

STERITEX MEDICAL SYSTEM

(Signature over printed name & date)

Bank Account Name: ARNEL DIZON PAUGILIGAN / STERITEX MEDICAL SYSTEM
 Bank Account Number: 0081-2798-02
 Bank Name: LAND BANK
 Bank Address: CITY DE SAN FERNANDO, PAMPANGA

Funds Available:

JASPER A. YAUDER
JASPER A. YAUDER, CPA
 Budget Officer

ALOBS No.: **12 26441 2024-04-1156**
 Amount: **17,100.00**

No.: TSU-PRO-SF-09

Revision No. 03

Effectivity Date: August 24, 2020



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Very truly yours,
DR. ARNOLD E. VELASCO
President
Authorized Official

Conforme:
STERITEX MEDICAL SYSTEM
(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.: **02-20441 2024-04-1156**
Amount: **17,100.00**