



PURCHASE ORDER

DELIVERY DUE DATE: 11/8/2022

Procurement Unit
Telefax No.: 045-982-4630

Supplier : **HERMANA PHARMACY**
Address : Hospital Drive, San Vicente, Tarlac City
Type of Business : Merchandising
TIN No. : 446-613-036-000
Tel. No. : 0916-2889-5883/0931-855-5005/0927-666-9676

PR No.: 2021-10-228
PO No.: 2021-409
Date: 11/26/2021
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**
Date of Delivery:

Delivery Term: 30 calendar days
Payment Term: n/30

| Item No. | Unit | Description | Quantity | Unit Cost | Total Cost |
|----------|--------|---------------------|----------|-----------|-------------------------|
| 1 | tablet | AMLODIPINE, 5mgs | 100 | 3.75 | 375.00 |
| 4 | tablet | CO-AMOXICLAV, 625mg | 500 | 35.00 | 17,500.00 |
| 6 | nebule | SALBUTAMOL NEBULES | 30 | 12.00 | 360.00 |
| 8 | tablet | PARACETAMOL, 500mg | 1500 | 4.50 | 6,750.00 |
| | | | | | <u>24,985.00</u> |

Purpose: For Main, San isidro, Lucinda clinic use - PPMP 2021

(Total Amount in Words) Twenty Four Thousand Nine Hundred Eighty Five 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. ARMEEN N. ROSEL

VP, Research & Extension Services

Authorized Official

Conformer:

HERMANA PHARMACY

(Signature over printed name & date)

Bank Account Name: _____

Bank Account Number: _____

Bank Name: _____

Bank Address: _____



Funds Available:

RYAN R. RONQUILLO

OIC, Budget Office

ALOBS No. : 02-101101-21-12-0889

Amount : ₱ 24,985.

Form No.: TSU-PRO-SF 09

Revision No. 03

Effectivity Date: August 24, 2020

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