



PURCHASE ORDER

Procurement Unit
Telefax No: 045-982-4630

DELIVERY DUE DATE: 5/23/21

Supplier: **PRE-AN'S ENTERPRISES**
Address: 247 Aquino Street corner Del Pilar Street, Davsan
Subdivision, Sindalan, San Fernando, Pampanga
Type of Business: Merchandising
TIN No.: 102-691-480-000
Tel. No.: 0922-886-9139

PR No.: 2021-02-053
PO No.: 2021-122
Date: 3/31/2021
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/15

Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
1	pcs	ANEROID SPHYGMOMANOMETER, With wheels	1	3,750.00	3,750.00
4	pack	BIB, Assorted color, 100pcs/pack	3	196.00	588.00
11	pcs	MEDICAL/SURGICAL GOWN, Disposable	30	105.00	3,150.00
12	roll	ECG PAPER, 80mm x 20mm	5	99.00	495.00
17	box	IV CANNULA, Gauge 20	1	1,100.00	1,100.00
18	box	IV CANNULA, Gauge 22	1	1,100.00	1,100.00
26	pack	PAPER PLATE, 9" 25pcs/pack	10	58.00	580.00
28	pcs	PERSONAL PROTECTIVE EQUIPMENT, PPE Suit	20	400.00	8,000.00
38	box	SURGICAL MASK, Face mask, 3ply, with earloop, disposable, 50pcs/box	50	110.00	5,500.00
***** Purpose: for APP 2020 (Medical and dental supplies materials)					24,263.00

(Total Amount in Words) Twenty Four Thousand Two Hundred Sixty Three 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. ARMEE N. ROSEL

VP, Research & Extension Services

Authorized Official

For *[Signature]*
Conforme: **IRMA CRUZ/APRIL 23, 2021**

PRE-AN'S ENTERPRISES

(Signature over printed name & date)

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

COMMISSION ON AUDIT - TSU
RECEIVED
By: _____ Date: 23 APR 2021

Funds Available:

[Signature]
ELENA M. L. TEOFILO
HEAD, Budget Office

ALOBS No.: 02-102101-2021-04-110
Amount: ₱ 24,263

Form No.: TSU-PRO-SF 09 | Revision No. 03

Effectivity Date: August 24, 2020 | Page 1 of 1

all posted 4/23/21



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DR. ARMEE N. ROSEL
VP, Research & Extension Services
Authorized Official

Conforme:

PRE-AN'S ENTERPRISES

(Signature over printed name & date)

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



Funds Available:

Elena M. T. TEOFILO
ELENA M. T. TEOFILO
HEAD, Budget Office

ALOBS No. : 62-102101-2021-04-018
Amount : ₱ 24,263