



# PURCHASE ORDER

Procurement Unit

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

**DELIVERY DUE DATE:** 2/1/2022

Supplier: **GLISHER PHARMACY**

Address: 1048 Supan Bldg. F. Tañedo St., Brgy. San Nicolas Tarlac City

Type of Business: Merchandising Business

TIN#: 328-948-372-000 Non-VAT Reg

Tel. No.: 0916-215-0830

PR No.: 2021-10-228

PO No.: 2021-425

Date: 12/22/2021

Mode of Procurement: Small Value

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       |
|----------|------|--|----------|-----------|------------------|
| 2        | cap  | CELECOXIB, 400mg, generic  | 500      | 20.00     | 10,000.00        |
| 3        | cap  | CIPROFLOXACIN, 500mg, Ciproted   | 400      | 46.00     | 18,400.00        |
| 5        | cap  | MULTIVITAMINS, Conzace   | 1000     | 15.00     | 15,000.00        |
| 7        | tab  | SALBUTAMOL SULFATE, brompheniramine<br>HCl, guaifenesin, PECOF   | 500      | 20.00     | 10,000.00        |
| 9        | tab  | PHENYLPROPANOLAMINE HCl,<br>brompheniramine, NASATAPP<br>*****<br>Purpose: for main, San Isidro, Lucinda clinic use<br>(PPMP 2021) | 500      | 12.00     | 6,000.00         |
|          |      |  |          |           | <b>59,400.00</b> |

(Total Amount in Words) Fifty-Nine Thousand Four 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. ARMEE N. ROSEL

VP, Research & Extension Services

Authorized Official

Conforme:

1/12/2022

**GLISHER 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.: 02-101101-2021-12-1001

Amount: ₱59,400

