



PURCHASE ORDER

DELIVERY DUE DATE: 2/22/24

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.: 2023-11-471
PO No.: 2024-050
Date: 01/11/2024
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/15

Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
1	gallon	ISOPROPYL ALCOHOL 70%	2	350.00	700.00
2	box	CLEAN GLOVES, (medium) (box)	2	400.00	800.00
***** 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					1,500.00

(Total Amount in Words) One Thousand Five 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. GRACE N. ROSETE
Vice President for Administration

Authorized Official

Conforme:

HERMANA PHARMACY
(Signature over printed name & date)

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



Funds Available:
JASPER A. YAUDER, CPA
Budget Officer

ALOPS No. : 02-106441-2024-01-072
Amount : 1,500.00