



PURCHASE ORDER

DELIVERY DUE DATE: 4/21/22

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.: 2022-02-032
PO No.: 2022-131
Date: 3/11/2022
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	tab	ANTIBIOTIC, Co-Amoxiclav 625mg, Comxicla, ED: 08/23	500	20.00	10,000.00
2	cap	ANTI-INFLAMMATORY, Celecoxib 200mg, Saphlecox, ED: 05/24	500	4.00	2,000.00
***** Purpose: For MSO Supplies and materials					12,000.00

(Total Amount in Words) Twelve Thousand 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:  3/22/22

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

ALOBS No.: 62-102101-22-03-0382
Amount: ₱ 12,000.