



PURCHASE ORDER

Procurement Unit
Telefax No.: 045-982-4630

DELIVERY DUE DATE: 3/17/24

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.: 2023-12-492
PO No.: 2024-099
Date: 02/02/2024
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	box	SYRINGE, 3cc, Luer Lock with needle (Exp. Date not less than 3 yrs.)	1	450.00	450.00
2	box	SYRINGE, 3cc, Luer Lock with needle (Exp. Date not less than 3 yrs.)	1	450.00	450.00
10	cap	PAIN RELIEVER, Ibuprofen + Paracetamol 200mg/325mg (Exp. Date not less than 2 yrs.), Alaxan FR	500	9.00	4,500.00
11	tablet	ANTI-ASTHMA, Salbutamol Sulfate, Bromhexine HCl, guaafenesin (Exp. Date not less than 1 yr.)	1000	30.00	30,000.00
17	tablet	DIETARY SUPPLEMENTARY, Vitamin B Complex (Exp. Date not less than 1 yr.), Revitalflex	600	5.00	3,000.00
18	cap	ANTI-INFLAMMATORY, Celecoxib, 200mgs (Exp. Date not less than 1 1/2 yrs), Saphetor, Coxbitor, Emicox	1200	8.00	9,600.00
19	amp	VACCINE, Tetanus Toxoid, vaccine (Exp. Date not less than 1 1/2 yrs)	50	150.00	7,500.00
20	ampule	ANTI-VOMITING, Metoclopramide (Exp. Date not less than 1 1/2 yrs), Myclosil, Meto, Metop	30	8.00	240.00
32	box	GAUZE PAD, Sterile, 2x2, 100pcs/box (Exp. Date not less than 3 yrs)	15	300.00	4,500.00
33	box	GAUZE PAD, Sterile, 4x4, 100pcs/box (Exp. Date not less than 3 yrs)	15	400.00	6,000.00
					66,240.00

Purpose: Medical Equipment, Supplies and Medicines

(Total Amount in Words) Sixty-Six Thousand Two Hundred Forty 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. GRACEN ROSETE
Vice President for Administration
Authorized Official

Conforme: *[Signature]* 7/16/24
HERMANA PHARMACY
(Signature over printed name & date)

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

Funds Available:
JASPER A. VAUDER, CPA
Budget Officer

ALOBS No.: 42-10401-2024-02-0196
Amount: ₱ 66,240-