



PURCHASE ORDER

DELIVERY DUE DATE: 7-30-23

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.: 2023-05-197
PO No.: 2023-273
Date: 06/20/2023
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	unit	MENTHOL, methyl salicylate eucalyptus oil, camphor stick Katinko 10ml stick ***** <i>Purpose: APP 1st Quarter for workplace Mental Health Program</i>	400	55.00	<u>22,000.00</u>

(Total Amount in Words) Twenty Two 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,

[Signature]
DR. GRACE N. ROSETE
Vice President for Administration
Authorized Official *[Signature]*

Conforme:

[Signature]
HERMANA PHARMACY *06/20/23*
(Signature over printed name & date)

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

COMMISSION ON AUDIT
RECEIVED
[Signature] JUN 30 2023

Funds Available:

[Signature]
JASPER A. YAUDER, CPA
Budget Officer

ALOBS No. : *07-701441-2023-06-1064*
Amount : *72,000.00*