



PURCHASE ORDER

DELIVERY DUE DATE: 09/30/22

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.: 2022-08-223
PO No.: 2022-432
Date: 09/27/2022
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**
Date of Delivery:

Delivery Term: 30 calendar days
Payment Term: n/30

Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
1	pcs	Bandage , triangular	10	79.00	790.00
5	pair	Gloves , sterile, size 6	20	30.00	600.00
6	box	Glucometer , test trip, one touch select: code 25	10	1,150.00	11,500.00
8	box	Mask , facemask, non-woven earloop 50pcs/box	5	85.00	425.00
9	pcs	PPE , personal protective equipment, suit	5	520.00	2,600.00
10	box	Syringe , flowable composite, 2g	6	3,800.00	22,800.00
					<u>38,715.00</u>
***** Purpose: Medical and Dental Supplies & Materials (APP 2022 3RD QUARTER)					

(Total Amount in Words) Thirty Eight Thousand Seven Hundred Fifteen 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. ROSEL
Vice President for Administration
Authorized Official

Conforme:

HERMANA PHARMACY
(Signature over printed name & date)

9/30/22

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



Funds Available:

JASPER A. YAUDER, CPA
Budget Officer

ALOBS No. : 02-102101-2017-09-0739
Amount : ₱ 38,715

Form No.: TSU-PRO-SF 09

Revision No. 03

Effectivity Date: August 24, 2022

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