



PURCHASE ORDER

DELIVERY DUE DATE: 4/20/2022

Procurement Unit

Telephone No.: 045-606-8142/606-8157

Supplier : **HERMANA PHARMACY**
Address : Hospital Drive, San Vicente, Tarlac City
Type of Business: Merchandising Business
TIN#: 446-613-036-000
Tel. No.: 0916-2889-5883/0931-855-5005/0927-666-9676

PR No.: 2022-02-030
PO No.: 2022-146
Date: 3/22/2022
Mode of Procurement: Small Value

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 | box | BAND AID, plastic strips 100pcs/box, Mediplast | 30 | 78.00 | 2,340.00 |
| 5 | box | SURGICAL MASK, face mask 3ply, with earloop, disposable 50pcs/box, Prohealth/Mediclean | 50 | 76.00 | 3,800.00 |
| 7 | box | BLADE SURGICAL STAINLESS STEEL, 100's #20, Surgitech | 1 | 322.00 | 322.00 |
| 8 | box | BLADE SURGICAL STAINLESS STEEL, 100's #21, Surgitech | 1 | 322.00 | 322.00 |
| 9 | box | SYRINGE, 3cc Luer Lock with needle, 100/box, Indoplas | 1 | 255.00 | 255.00 |
| 13 | box | STERILE TONGUE DEPRESSOR, wooden 100 pcs/box | 3 | 153.00 | 459.00 |
| 15 | pcs | TRIANGULAR BANDAGE | 33 | 71.00 | 2,343.00 |
| 25 | set | DISPOSABLE MEDICAL SHOE COVER (Pair) | 50 | 9.00 | 450.00 |
| 26 | pcs | DISPOSABLE MEDICAL/SURGICAL GOWN | 50 | 50.00 | 2,500.00 |
| 27 | unit | PORTABLE PULSE OXIMETER | 6 | 645.00 | 3,870.00 |
| 31 | pcs | NEEDLE HOLDER, size: 8 | 2 | 485.00 | 970.00 |
| ***** Purpose: for TSU Main, San Isidro, Lucinda Campus Clinic use (PPMP 2022) | | | | | <u>17,631.00</u> |

(Total Amount in Words) Seventeen Thousand Six Hundred Thirty-One 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 and Extension Services
Authorized Official

Conforme:

[Handwritten Signature] 3/29/22

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.: 02-102101-22-03-0118
Amount: ₱ 17,631.-

No.: TSU-PRO-SF-09

Revision No. 3

Effectivity Date: August 24, 2020

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[Handwritten Signature] 3/29/22