PURCHASE ORDER

BAGONG PILIPINAS
Procurement Unit
Telephone No.: (045) 606-8110 local 157/142

DELIVERY DUE DATE: 12 OCT 2026

Supplier :	**HEART MED PHARMACY**	P.O. No. : 2026-306	
Address :	Que Kang Bldg., F. Tañedo St., Brgy. Poblacion, Tarlac City	Date : 8/13/2026	
TIN :	474-98-0410-000 Non-VAT	Mode of Procurement : Small Value Procurement (SVP)	
Contact No :	0966-192-3722		

Gentlemen:

Please furnish this Office the following articles subject to the terms and conditions contained herein:

Place of Delivery : **TARLAC STATE UNIVERSITY**	Delivery Term : 40 calendar days
Date of Delivery : _____	Payment Term : n/30

Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
1	box	**ANESTHESIA,** Lidocaine 2% Carpule (50/box) (Dental), (Saphdocaine)	10	1,790.00	17,900.00
3	tube	**ANESTHESIA,** Lidocaine Hcl, Injection, 5 ml, exp date not less than 2 yrs, (Xylocaine)	5	220.00	1,100.00
4	bottle	**ANESTHETIC,** topical anesthetic (Dental), (USP available 50g)	2	750.00	1,500.00
5	tablet	**ANTACID,** Aluminum Hydroxide, Magnesium Hydroxide, Simeticone, exp date not less than 2 yrs, (Zilgam)	300	11.00	3,300.00
6	tablet	**ANTACID,** Domperidone, exp date not less than 2 yrs, (Dubamol)	100	11.00	1,100.00
7	tablet	**ANTACID,** Famotadine, Calcium Carbonate, Magnesium Hydroxide, Exp date not less than 2 yrs, (Kremil S Advance)	300	23.50	7,050.00
8	tablet	**ANTACID,** Omeprazole, 40mgs., Exp date not less than 2 yrs, (Inhibita)	400	15.50	6,200.00
9	tablet	**ANTACID,** Ranitidine Hcl, 150mg, Exp date not less than 2 yrs, (Ranitein)	100	6.50	650.00
10	ampule	**ANTACID,** Ranitidine Hcl, Exp date not less than 2yrs, (Ranitein)	10	190.00	1,900.00
12	nebule	**ANTI-ASTHMA,** Ipratropium + Salbutamol, Nebules, Exp date not less than 2 yrs, (Ipravent)	100	29.50	2,950.00
14	nebule	**ANTI-ASTHMA,** Salbutamol, Nebules, exp date not less than 2 yrs, (Hivent)	60	25.50	1,530.00
18	capsule	**ANTIBIOTIC,** Ciprofloxacin, 500mgs, Exp date not less than 2 yrs, (Cyfrox)	500	10.80	5,400.00
19	capsule	**ANTIBIOTIC,** Clindamycin, 300 mgs., Exp date not less than 1 yr, (Clintop)	700	17.70	12,390.00
21	capsule	**ANTI-DIARRHEA,** Loperamide, Exp date not less than 2 yrs, (Harvimide)	200	4.50	900.00
25	capsule	**ANTIHISTAMINE,** Diphenhydramine 25mg, Exp date not less than 2 yrs, (Mucomed)	300	6.50	1,950.00
28	tablet	**ANTI-HYPERTENSION,** Captopril, 25 mg, Exp date not less than 2 yrs, (Hyperstop)	30	6.00	180.00
29	tablet	**ANTI-HYPERYTENSIVE,** Amlodipine, 5mgs, Exp date not less than 2 yrs, (Norvatrol)	100	3.00	300.00
30	capsule	**ANTI-INFLAMMATORY,** Celecoxib, 200 mgs, Exp date not less than 2 yrs, (Celecox)	500	14.50	7,250.00
32	tablet	**ANTI-INFLAMMATORY,** Prednisone, 20 mg, Exp date not less than 2 yrs, (Predzhong)	300	8.50	2,550.00
34	caplet	**ANTIPYRETIC,** Paracetamol, 500 mgs, Exp date not less than 2 1/2 yrs, (Philpara)	2000	2.50	5,000.00
		sub-total:			**81,100.00**

COMMISSION ON AUDIT
RECEIVED
TARLAC STATE UNIVERSITY
SEP 02 2026
By:

Appendix 61

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Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
		Balance Forwarded:			**81,100.00**
35	bottle	**ANTISEPTIC SOLUTION,** Povidone-lodine, 120 ml solution, Exp date not less than 2 yrs, (Jchemie)	15	295.00	4,425.00
37	bottle	**ANTISEPTIC SOLUTION,** Povidone-lodine, 60ml solution, Exp date not less than 2yrs, (Jchemie)	20	170.00	3,400.00
42	capsule	**ANTTIUSSIVE,** Dextromethorphan HBr, phenylephrine HCI, Paracetamol, Exp date not less than 2 yrs, (Mucotuss)	600	14.50	8,700.00
44	tablet	**ANTI-VOMITING,** Metoclopramide, 10mg, Exp date not less than 2 yrs, (Myclosil)	50	6.50	325.00
46	tablet	**DECONGESTANT,** Phenylephrine Chlorphenamine, Paracetamol 10mg/2mg/500 (Bioflu), Exp date not less than 2 yrs, (Bioflu)	800	9.90	7,920.00
47	tablet	**DECONGESTANT,** Phenylephrine, Chlophenamine, Paracetamol 10mg/2mg/500 (Neozep), Exp date not less than 2 yrs, (Symdex Forte)	800	8.90	7,120.00
49	capsule	**DIETARY SUPPLEMENTARY,** Multi-Vitamins+ Iron, Exp date not less than 2 yrs, (Hanizyn)	800	5.00	4,000.00
55	tube	**OINTMENT,** Clotrimazole, 10g, Exp date not less than 2 yrs, (Novamet)	10	200.00	2,000.00
58	tube	**OINTMENT,** Mupirocin, Exp date not less than 1 yr, (Wudencin)	10	220.00	2,200.00
62	bottle	**PAIN RELIEVER,** Diclofenac Sodium Apray Exp date not less than 2 yrs, (Acuflam)	10	610.00	6,100.00
64	softgel	**PAIN RELIEVER,** Ibuprofen, 200mg, Exp date not less than 1 yr, (Fevral)	200	3.50	700.00
65	tube	**PAIN RELIEVER,** Ketoprofen Gel, Exp date not less than 2 yrs, (Ketofen)	20	530.00	10,600.00
67	capsule	**PAIN RELIEVER,** Mefenamic Acid, 250mg, Exp date not less than 2 yrs, (Analmin)	100	2.50	250.00
68	tablet	**PAIN RELIEVER,** Mefenamic Acid, 500mg, Exp date not less than 2 yrs, (Mecid)	1300	3.50	4,550.00
70	bottle	**SOLUTION,** 0.9% Sodium Chloride Solution for Irrigation, 1000ml exp date not less than 2yrs, (Euromed)	10	145.00	1,450.00
71	bottle	**SOLUTION,** 0.9% Sodium Chloride Solution for IV Infusion, 1000mL, exp date not less than 2yrs, (Euromed)	3	145.00	435.00
72	bottle	**SOLUTION,** 5% Dextrose in lactated ringer's solution for IV Infusion, 1000ml exp date not less than 2 yrs, (Euromed)	3	145.00	435.00
74	bottle	**SOLUTION,** Orahex Forte with Zinc 380ml (DENTAL), (Orahex)	3	600.00	1,800.00
		sub-total:			**147,510.00**

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Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
		Balance Forwarded:			147,510.00
75	bottle	**SOLUTION,** Plain lactated ringer's, for IV Infusion, 1000ml, (Euromed)	3	145.00	435.00
79	ampule	**VITAMINS,** Sodium Ascorbate/Ascorbic Acid with Zinc, Exp date not less than 2 yrs, (Protec-Zinc)	800	7.50	6,000.00
80	tablet	**VITAMINS,** Vitamin B Complex, Exp date not less than 1 yr, (Amcovit)	300	4.50	1,350.00
		**********			**155,295.00**
		Purpose: Medicines - Medical and Dental - APP 1st Quarter 2026 (PR# 2026-06-137)			

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One Hundred Fifty-Five Thousand Two Hundred Ninety-Five Pesos Only

In case of failure to make the 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 on the undelivered item/s. Contract may be terminated in whole or in part, at anytime for the convenience of the Government upon thirty (30) calendar days' written notice, if determined the existence of conditions make the project implementation economically, financially or technically impractical and/or unnecessary, such as, but not limited to, fortuituos event/s or changes in law, and national government policies.

Conforme:

Angela Blanca S. Baltazar
Signature over Printed Name of Supplier

09/02/2026
Date

Very truly yours,

DR. JASPER JAY N. MENDOZA
President
Authorized Official

Fund Cluster : _____

Funds Available : _____

RYAN R. RONQUILLO, CPA
OIC-Budget Officer

ORS/BURS No. : 02-106441-2026-08-282

Date of the ORS/BURS: Aug 25, 2026

Amount : 155,295.00