



# PURCHASE ORDER

**DELIVERY DUE DATE:** 4/16/21

Procurement Unit  
Tel. No.: (045) 606-8142 / 606-8157

Supplier: **AYAMED DRUG DISTRIBUTOR**  
Address: 490 shaw blvd., Luna cor., Bagong Silang, Mandaluyong  
Type of Business: Merchandising  
TIN No.: 408-997-822-000  
Tel. No.: (02) 425-3069/635-7743

PR No.: 2020-02-052  
PO No.: 2021-102  
Date: 3/11/2021  
Mode of Procurement: Shopping

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
4	tablet	ALUMINUM HYDROXIDE, Magnesium Hydroxide, Simeticone	500	9.00	4,500.00
6	capsule	ASCORBIC ACID, Sodium Ascorbate	1000	4.00	4,000.00
7	tablet	CAPTOPRIL, 25mg	200	6.00	1,200.00
8	capsule	CEFALEXIN, 500mg	100	5.00	500.00
11	capsule	CLINDAMYCIN, 300mg	2000	12.00	24,000.00
13	bottle	COOL SPRAY	15	650.00	9,750.00
14	capsule	DEXTROMETHORPHAN HBR, Phenylephrine HCl, Paracetamol	200	15.00	3,000.00
15	ampule	DIPHENHYDRAMINE	30	50.00	1,500.00
18	bottle	HAND SANITIZER, 500ml	30	150.00	4,500.00
19	vial	HYDROCORTISONE SODIUM, Succinate 100ml/2ml, Act-O-Vial	15	300.00	4,500.00
26	tube	LIDOCAINE HCl, Injection, 5ml	5	100.00	500.00
27	capsule	LOPERAMIDE	200	12.00	2,400.00
31	capsule	MEFENAMIC ACID, 500mg	200	8.00	1,600.00
35	capsule	MULTIVITAMINS	1000	7.00	7,000.00
38	capsule	OMEPRAZOLE, 40mg	1000	8.00	8,000.00
39	tablet	PARACETAMOL, 500mg	5000	7.00	35,000.00
46	tube	POVIDONE IODINE, betadine 10% topical ointment 5g	5	300.00	1,500.00
47	tablet	PREDNISON, 20mg	500	10.00	5,000.00
54	vial	STERILE WATER, for injection, 50ml, Solvent Parenteral prep	5	150.00	750.00
58	tube	VISINE, Refresh	5	200.00	1,000.00
59	tablet	VITAMIN B COMPLEX	500	6.00	3,000.00
***** Purpose: for PPM 2021 Medicine *****					<b>123,200.00</b>

(Total Amount in Words) One Hundred Twenty Three Thousand Two Hundred 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. ARMEEN N. ROSEL  
VP, Research & Extension Services  
Authorized Official

COMMISSION ON AUDIT (COA)  
**RECEIVED**  
By: *[Signature]* Date: 17 MAR 2021

Conforme:  
*[Signature]* MARCH 17, 2021  
AYAMED DRUG DISTRIBUTOR  
(Signature over printed name & date)

Bank Account Name: LANDBANK  
Bank Account Number: 2311-1004-35  
Bank Name: LANDBANK  
Bank Address: Maysilo circle Mandaluyong

Funds Available:  
*[Signature]*  
ELENA MAY T. TEOFILO  
Head, Budget Office

A/OBS No.: 02-102101-21-03-010  
Amount: ₱ 123,200.00

ok posted  
3/18/21



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Very truly yours,

DR. ARMEE N. ROSEL

VP, Research & Extension Services

Authorized Official

Conforme:



**AYAMED DRUG DISTRIBUTOR**

(Signature over printed name & date)

Bank Account Name: \_\_\_\_\_  
 Bank Account Number: \_\_\_\_\_  
 Bank Name: \_\_\_\_\_  
 Bank Address: \_\_\_\_\_

Funds Available:

**ELENA MAY T. TEOFILO**

Head, Budget Office

ALOBS No.: 02-102 101-21-03-0152

Amount: ₱ 123,200.00