



PURCHASE ORDER

DELIVERY DUE DATE: 8/13/23

Procurement Unit
Tel No. 045-606-8142/606-8157

Supplier: **SHEILD DRUGSTORE AND MEDIMARKETING CORPORATION**
Address: **50 Ancheta St. Cor. Bucaneg St. Catbangen, San Fernando City, La Union**
Type of Business: **Merchandising**
TIN No.: **771-137-537-000 VAT Reg.**
Tel. No.: **0917-729-8659/ (072) 619-2343**

PR No.: **2023-05-215**
PO No.: **2023-303**
Date: **7/17/2023**
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	tablet	ANTACID, Aluminum Hydroxide, Magnesium Hydroxide, Simeticone, Kremil-S	500	8.00	4,000.00
2	tablet	ANTACID, Domperidone, Meridon	100	2.50	250.00
3	tablet	ANTACID, Famotadine, Calcium Carbonate, Magnesium Hydroxide, Kremil-S Advance	500	21.75	10,875.00
5	tablet	ANTACID, Ranitidine Hcl, 150mg, Ranitein	300	3.30	990.00
6	tablet	ANTI-ASTHMA, Doxofylline, 400mg. (Exp. Date not less than 1 1/2 yrs), Doxofon - Generic	200	14.00	2,800.00
7	nebules	ANTI-ASTHMA, Salbutamol, Nebules (Exp. Date not less than 1yr), Bettervent - Generic	180	15.00	2,700.00
10	capsule	ANTIBIOTIC, Ciprofloxacin, 500mg. (Exp. Date not less than 1 1/2 yrs.), Cifrodinfc	1500	4.00	6,000.00
11	cap	ANTIBIOTIC, Clindamycin, 300mgs. (Exp. Date not less than 1 yr), Clin-gen	1000	14.00	14,000.00
12	tablet	ANTIBIOTIC, Co-Amoxiclav, 625mg. (Exp. Date not less than 1 1/2 yrs), Alclav-Neo	2500	18.00	45,000.00
13	cap	ANTI-DIARRHEA, Loperamide (Exp. Date not less than 1 1/2 yrs), Diacure	500	3.00	1,500.00
14	capsule	ANTI-DIARRHEA, Racecadotril 100mg. (Exp. Date not less than 7 months), Racecadotril	400	48.25	19,300.00
16	tablet	ANTIHISTAMINE, Loratadine, 10mg. (Exp. Date not less than 1 1/2 yrs), Remehist-Generic	1500	4.00	6,000.00
Sub-Total					113,415.00

(Total Amount in Words) Forty Eight Thousand One Hundred Forty 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

Conforme:

AARON G. CABRERA
SALES REPRESENTATIVE

Very truly yours,

DR. GRACIE N. ROSETE
Vice President for Administration
Authorized Official

SHEILD DRUGSTORE AND MEDIMARKETING CORPORATION

(Signature over printed name) _____

Bank Account Name: **114 0000000000**
Bank Account Number: **PHILIPPINE BUSINESS BANK**
Bank Name: **SAN FERNANDO CITY, LA UNION**
Bank Address: _____

Funds Available:

JASPER A. TAUDER, CPA
Budget Officer

ALOS No.: **44-24441- 212-07-1170**
Amount: **P 192041**

Form No. TSU-PRO-SF 09

Revision No. 03

Effectivity Date: August 14, 2020

Page 1 of 3

COMMISSION ON AUDIT - TSU
RECEIVED
JUL 14 2023
Date: _____ Time: _____



PURCHASE ORDER

Procurement Unit
Tel No: 045-606-8142/606-8157

DELIVERY DUE DATE: 8/13/23

Supplier: **SHEILD DRUGSTORE AND MEDIMARKETING CORPORATION**
Address: **50 Ancheta St. Cor. Bucaneg St. Catbangen, San Fernando City, La Union**
Type of Business: **Merchandising**
TIN No.: **771-137-537-000 VAT Reg.**
Tel. No.: **0917-729-8659 / (072) 619-2343**

PR No.: **2023-05-215**
PO No.: **2023-303**
Date: **7/7/2023**
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**
Date of Delivery:

Delivery Term: **30 calendar days**
Payment Term: **n/15**

Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
		<i>Balance Forwarded</i>			113,415.00
17	tablet	ANTI-HYPERTENSION, Captopril, 25mg. (Exp. Date not less than 1 1/2 yr). Hyperstop	50	1.50	75.00
18	tablet	ANTI-HYPERTENSIVE, Amlodipine, 5mgs. (Exp. Date not less than 3yrs), Medpln- Generic	500	2.00	1,000.00
19	cap	ANTI-INFLAMMATORY, Celecoxib, 200mgs. (Exp. Date not less than 1 1/2yrs), Eemicox	600	5.50	3,300.00
23	tablet	ANTIPYRETIC, Paracetamol, 500mg. (Exp. Date not less than 2 yrs.), Philpara	500	3.00	1,500.00
24	bottle	ANTISEPTIC SOLUTION, Povidone-Iodine, 120ml solution (Exp. Date not less than 1 1/2 yrs), Betadine	10	243.50	2,435.00
27	tablet	ANTISPASMODIC, Hyoscine N-Butylbromide + Paracetamol 10mg/500mg, Buscopan Venus	500	31.50	15,750.00
28	ampule	ANTISPASMODIC, Hyoscine N-Butylbromide, 20mg	20	33.00	660.00
31	tablet	ANTI-VERTIGO, Meclizine, Bonamine	500	13.50	6,750.00
32	amp	ANTI-VOMITING, Metoclopramide, Meclop	10	15.00	150.00
33	tablet	ANTI-VOMITING, Metoclopramide, 10mg, Meto	100	3.00	300.00
34	tablet	DECONGESTANT, Phenylephrine Chlorphenamine, Paracetamol 10mg/2mg/500 (Bloflu)	500	8.00	4,000.00
35	tablet	DECONGESTANT, Phenylephrine, Chlorphenamine, Paracetamol 10mg/2mg/500 (Neozep)	500	5.75	2,875.00
36	capsule	DIETARY SUPPLEMENTARY, Multi Vitamins, Multivit-Plus	1500	3.00	4,500.00
		<i>Sub-Total</i>			156,710.00

(Total Amount in Words) Forty Eight Thousand One Hundred Forty 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

Conforme:

AARON G. CABREA
SALES REPRESENTATIVE

Very truly yours,

DR. GRACE N. ROSETE
Vice President for Administration
Authorized Official

SHEILD DRUGSTORE AND MEDIMARKETING CORPORATION

(Signature over printed name)

Bank Account Name: **SHEILD DRUGSTORE AND MEDIMARKETING CORPORATION**
Bank Account Number: **114 077206204**
Bank Name: **PHILIPPINE BUSINESS BANK**
Bank Address: **SAN FERNANDO CITY, LA UNION**

Funds Available:

JASPER A. YAUDER, CPA
Budget Officer

ALOS No.: **41-204441-103-07-167**
Amount: **0172041-**

Form No. TSU-PRO-SF 09

Revision No. 03

Effectivity Date August 24, 2020

Page 2 of 3

COMMISSION ON AUDIT - TSU
RECEIVED
Date: **JUL 14 2023**



PURCHASE ORDER

DELIVERY DUE DATE: 8/13/23

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

Supplier: **SHEILD DRUGSTORE AND MEDIMARKETING CORPORATION**
Address: 50 Ancheta St. Cor. Bucaneg St. Catbangan, San Fernando City, La Union
Type of Business: Merchandising
TIN No.: 771-137-537-000 VAT Reg.
Tel. No.: 0917-729-8659 / (072) 619-2343

PR No.: 2023-05-215
PO No.: 2023-303
Date: 7/7/2023
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**
Date of Delivery:

Delivery Term: 30 calendar days
Payment Term: n/15

Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
<i>Balance Forwarded</i>					156,710.00
39	bottle	EYE DROP, Tobramycin (Exp. Date not less than 1 1/2 yrs), Consac	10	205.00	2,050.00
40	tube	EYE DROP, Visine (refresh) (Exp. Date not less than 1 1/2 yrs), Visine	6	166.00	996.00
41	bottle	OINTMENT, Calamine + Dyphenhydramina, 30ml (Exp. Date not less than 2 yrs), Caladryl	5	138.00	690.00
45	bottle	OINTMENT, Pain Killer, 120ml, PRO (Exp. Date not less than 1 1/2yr), Omega	25	119.00	2,975.00
48	capsule	PAIN RELIVER, Mefenamic Acid, 250 mg (Exp. Date not less than 2yrs), Myrefen	200	2.00	400.00
50	tube	PAIN RELIVER, Ketoprofen Gel (Exp. Date not less than 2 yr), Fastum	10	440.00	4,400.00
51	amp	PAIN RELIVER, Ketorolac (Exp. Date not less than 1 1/2 yr), Ketopan	20	66.00	1,320.00
52	tablet	PAIN RELIVER, Mefenamic Acid, 500 mg (Exp. Date not less than 1 1/2 yrs), Myrefen	500	2.50	1,250.00
57	cap	VITAMINS, Sodium Ascorbate/Ascorbic Acid with Zinc, Ascorsaph-Zee	500	2.50	1,250.00
***** Purpose: For medical services unit use - PPMP 3rd qtr					172,041.00

(Total Amount in Words) One Hundred Seventy Two Thousand Forty 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,

Conforme:

AARON G. CABRERA
SALES REPRESENTATIVE

DR. GRACE N. ROSETE
Vice President for Administration
Authorized Official

SHEILD DRUGSTORE AND MEDIMARKETING CORPORATION

(Signature over printed name & date)

Bank Account Name: SHEILD DRUGSTORE AND MEDIMARKETING CORPORATION
Bank Account Number: 114 0000000000
Bank Name: PHILIPPINE BUSINESS BANK
Bank Address: SAN FERNANDO CITY, LA UNION

Funds Available:

JASPER A. YAUDER, CPA
Budget Officer

ALOS No.: 02-206441-2023-07-1718
Amount: ₱172,041

Form No.: TSU-PRO-SF 09 | Revision No. 03

Effectivity Date: August 24, 2020 | Page 3 of 3

COMMISSION ON AUDIT, TSU
RECEIVED
BY:
DATE: JUL 14 2023



PURCHASE ORDER

DELIVERY DUE DATE: 8/13/23

Procurement Unit

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

Supplier : **SHEILD DRUGSTORE AND MEDIMARKETING CORPORATION**
 Address : **50 Ancheta St. Cor. Bucaneg St. Catbangan, San Fernando City, La Union**
 Type of Business : **Merchandising**
 TIN No. : **771-137-537-000 VAT Reg.**
 Tel. No. : **0917-729-8659/ (072) 619-2343**

PR No.: **2023-05-215**
 PO No.: **2023-303**
 Date: **7/7/2023**
 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	tablet	ANTACID , Aluminum Hydroxide, Magnesium Hydroxide, Simeicone, Kremil-S	500	8.00	4,000.00
2	tablet	ANTACID , Domperidone, Meridon	100	2.50	250.00
3	tablet	ANTACID , Famotadine, Calcium Carbonate, Magnesium Hydroxide, Kremil-S Advance	500	21.75	10,875.00
5	tablet	ANTACID , Ranitidine Hcl, 150mg, Ranitein	300	3.30	990.00
6	tablet	ANTI-ASTHMA , Doxofylline, 400mg. (Exp. Date not less than 1 1/2 yrs), Doxofon - Generic	200	14.00	2,800.00
7	nebules	ANTI-ASTHMA , Salbutamol, Nebules (Exp. Date not less than 1yr), Bettervent - Generic	180	15.00	2,700.00
10	capsule	ANTIBIOTIC , Ciprofloxacin, 500mg. (Exp. Date not less than 1 1/2 yrs.), Cifrodinfc	1500	4.00	6,000.00
11	cap	ANTIBIOTIC , Clindamycin, 300mgs. (Exp. Date not less than 1 yr), Clin-gen	1000	14.00	14,000.00
12	tablet	ANTIBIOTIC , Co-Amoxiclav, 625mg. (Exp. Date not less than 1 1/2 yrs), Alclav-Neo	2500	18.00	45,000.00
13	cap	ANTI-DIARRHEA , Loperamide (Exp. Date not less than 1 1/2 yrs), Diacure	500	3.00	1,500.00
14	capsule	ANTI-DIARRHEA , Racecadotril 100mg. (Exp. Date not less than 7 months), Racecadotril	400	48.25	19,300.00
16	tablet	ANTIHISTAMINE , Loratadine, 10mg. (Exp. Date not less than 1 1/2 yrs), Remehist-Generic	1500	4.00	6,000.00
Sub-Total					113,415.00

(Total Amount in Words) Forty Eight Thousand One Hundred Forty Pesos Only

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Very truly yours,

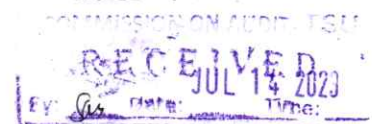
DR. GRACE N. ROSETE
 Vice President for Administration
 Authorized Official

Conforme:

SHEILD DRUGSTORE AND MEDIMARKETING CORPORATION

(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. : **02-216441-2023-07-118**
 Amount : **₱ 172041**



PURCHASE ORDER

DELIVERY DUE DATE: 8/13/23

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

Supplier : **SHEILD DRUGSTORE AND MEDIMARKETING CORPORATION**
Address : **50 Ancheta St. Cor. Bucaneg St. Catbangan, San Fernando City, La Union**
Type of Business : **Merchandising**
TIN No. : **771-137-537-000 VAT Reg.**
Tel. No. : **0917-729-8659/ (072) 619-2343**

PR No.: **2023-05-215**
PO No.: **2023-303**
Date: **7/7/2023**
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
<i>Balance Forwarded</i>					113,415.00
17	tablet	ANTI-HYPERTENSION , Captopril, 25mg. (Exp. Date not less than 1 1/2 yr), Hyperstop	50	1.50	75.00
18	tablet	ANTI-HYPERTENSIVE , Amlodipine, 5mgs. (Exp. Date not less than 3yrs), Medpin- Generic	500	2.00	1,000.00
19	cap	ANTI-INFLAMMATORY , Celecoxib, 200mgs. (Exp. Date not less than 1 1/2yrs), Emicox	600	5.50	3,300.00
23	tablet	ANTIPYRETIC , Paracetamol, 500mg. (Exp. Date not less than 2 yrs.), Philpara	500	3.00	1,500.00
24	bottle	ANTISEPTIC SOLUTION , Povidone-iodine, 120ml solution (Exp. Date not less than 1 1/2 yrs), Betadine	10	243.50	2,435.00
27	tablet	ANTISPASMODIC , Hyoscine N-Butylbromide + Paracetamol 10mg/500mg, Buscopan Venus	500	31.50	15,750.00
28	ampule	ANTISPASMODIC , Hyoscine N-Butylbromide, 20mg	20	33.00	660.00
31	tablet	ANTI-VERTIGO , Meclizine, Bonamine	500	13.50	6,750.00
32	amp	ANTI-VOMITING , Metoclopramide, Meclop	10	15.00	150.00
33	tablet	ANTI-VOMITING , Metoclopramide, 10mg, Meto	100	3.00	300.00
34	tablet	DECONGESTANT , Phenylephrine Chlorphenamine, Paracetamol 10mg/2mg/500 (Bioflu)	500	8.00	4,000.00
35	tablet	DECONGESTANT , Phenylephrine, Chlorphenamine, Paracetamol 10mg/2mg/500 (Neozep)	500	5.75	2,875.00
36	capsule	DIETARY SUPPLEMENTARY , Multi Vitamins, Multivit-Plus	1500	3.00	4,500.00
<i>Sub-Total</i>					156,710.00

(Total Amount in Words) Forty Eight Thousand One Hundred Forty Pesos Only

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Very truly yours,
DR. GRACE N. ROSETE
Vice President for Administration
Authorized Official

Conforme:

SHEILD DRUGSTORE AND MEDIMARKETING CORPORATION
(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. : **02-206441-2023-07-1618**
Amount : **₱172041-**



PURCHASE ORDER

DELIVERY DUE DATE: 8/13/23

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

Supplier : **SHEILD DRUGSTORE AND MEDIMARKETING CORPORATION**
Address : **50 Ancheta St. Cor. Bucaneg St. Catbangan, San Fernando City, La Union**
Type of Business : **Merchandising**
TIN No. : **771-137-537-000 VAT Reg.**
Tel. No. : **0917-729-8659/ (072) 619-2343**

PR No.: **2023-05-215**
PO No.: **2023-303**
Date: **7/7/2023**
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
		<i>Balance Forwarded</i>			156,710.00
39	bottle	EYE DROP , Tobramycin (Exp. Date not less than 1 1/2 yrs), Consac	10	205.00	2,050.00
40	tube	EYE DROP , Visine (refresh) (Exp. Date not less than 1 1/2 yrs), Visine	6	166.00	996.00
41	bottle	OINTMENT , Calamine + Dyphenhydramine, 30ml (Exp. Date not less than 2 yrs), Caladryl	5	138.00	690.00
45	bottle	OINTMENT , Pain Killer, 120ml, PRO (Exp. Date not less than 1 1/2yr), Omega	25	119.00	2,975.00
48	capsule	PAIN RELIVER , Mefenamic Acid, 250 mg. (Exp. Date not less than 2yrs), Myrefen	200	2.00	400.00
50	tube	PAIN RELIVER , Ketoprofen Gel (Exp. Date not less than 2 yr), Fastum	10	440.00	4,400.00
51	amp	PAIN RELIVER , Ketorolac (Exp. Date not less than 1 1/2 yr), Ketopan	20	66.00	1,320.00
52	tablet	PAIN RELIVER , Mefenamic Acid, 500 mg. (Exp. Date not less than 1 1/2 yrs), Myrefen	500	2.50	1,250.00
57	cap	VITAMINS , Sodium Ascorbate/Ascorbic Acid with Zinc, Ascorsaph-Zee	500	2.50	1,250.00
		***** Purpose: For medical services unit use - PPMP 3rd qtr			172,041.00

(Total Amount in Words) One Hundred Seventy Two Thousand Forty 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. GRACE N. ROSETE
Vice President for Administration
Authorized Official

Conforme:

SHEILD DRUGSTORE AND MEDIMARKETING CORPORATION

(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. : **02-206441- 2023-07-14/18**
Amount : **₱ 172,041-**