



PURCHASE ORDER

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

DELIVERY DUE DATE: 5/8/24

Supplier: **STERITEX MEDICAL SYSTEM**
Address: **BLK 31a Lot 13, Ivory beige St. cor VDS Minor Road,
Villa Del Sol Subdivision, Magliman, Pampanga**
Type of Business: **Merchandising**
TIN No.: **207-815-023-00000 VAT Reg.**
Tel. No.: **0917-855-5196**

PR No.: 2024-01-016
PO No.: 2024-183
Date: 3/25/2024
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/30

Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
1	tube	ANESTHESIA , Lidocaine Hcl, Injection, 5ml, exp. date not less than 1 1/2 yrs., Eurocaine	5	30.00	150.00
6	tablet	ANTACID , Omeprazole. 40mgs., exp. date not less than 1 1/2 yrs. Inhibita	200	4.00	800.00
7	tablet	ANTACID , Ranitidine hcl, 150 mg, exp. date not less than 1 1/2 yrs, Ranitein	200	2.00	400.00
8	tablet	ANTI-ASTHMA , Doxofylline 400mg, exp. date not less than 1 1/2 yrs, Doxofar	300	8.00	2,400.00
9	tablet	ANTI-ASTHMA , Salbutamol Sulfate, Bromhexine HCl, Guaifenesin, exp. date not less than 1 yr, Pecof	800	23.00	18,400.00
10	nebules	ANTI-ASTHMA , Salbutamol, Nebules, exp. date not less than 1 yr, Salbuden	100	8.00	800.00
11	capsule	ANTIBIOTIC , Cefalexin 250 mg, exp. date not less than 2 yrs, Diacef	200	3.00	600.00
12	cap	ANTIBIOTIC , Cefalexin. 500 mgs., exp. date not less than 1 1/2 yrs, Exel	1000	3.00	3,000.00
13	capsule	ANTIBIOTIC , Ciprofloxacin, 500 mg, exp. date not less than 1 1/2 yrs, Cyfrox	800	2.00	1,600.00
14	cap	ANTIBIOTIC , Clindamycin, 300 mgs., exp. date not less than 1 yr, Clindagold	500	5.50	2,750.00
<i>Sub-total:</i>					30,900.00

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. ARNOLD E. VELASCO
University President

Conforme: *ROBINNA/RS Pascua 4/8/24*

STERITEX MEDICAL SYSTEM

(Signature over printed name & date)

Bank Account Name: ARNEL DION PANGILINAN / STERITEX MEDICAL SYSTEM
Bank Account Number: 001-2998-02
Bank Name: LAND BANK
Bank Address: CITY OF SAN PABLO, PAMA



Funds Available:
[Signature]
JASPER A. YAUDER, CPA
Budget Officer

ALOBS No.: 021001 2024-03-034
Amount: ₱145,249.-



PURCHASE ORDER

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

DELIVERY DUE DATE: 5/8/24

Supplier: **STERITEX MEDICAL SYSTEM**
Address: **BLK 31a Lot 13, Ivory beige St., cor VDS Minor Road, Villa Del Sol Subdivision, Magliman, Pampanga**
Type of Business: **Merchandising**
TIN No.: **207-815-023-00000 VAT Reg.**
Tel. No.: **0917-855-5196**

PR No.: 2024-01-016
PO No.: 2024-183
Date: 3/25/2024
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

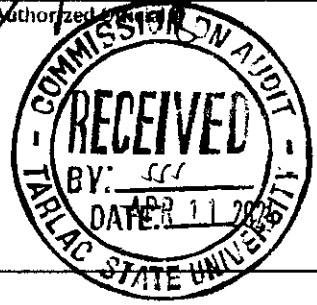
Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
		Balance Forwarded:			30,900.00
15	tablet	ANTIBIOTIC , Co-Amoxiclav, 625 mg., exp. date not less than 1 1/2 yrs, Raniclav	800	9.80	7,840.00
16	box	ANTIBIOTIC , Mefenamic Acid, 500mg 100/box, Meacid	4	150.00	600.00
17	tube	ANTIBIOTIC , Silver Sulfadiazine, exp. date not less than 1 1/2 yrs, Argyrex	3	90.00	270.00
18	cap	ANTI-DIARRHEA , Loperamide, exp. date not less than 1 1/2 yrs, Diacure	300	1.50	450.00
20	tablet	ANTIHISTAMINE , Cetirizine, 10mg, Ceticit	600	1.00	600.00
21	amp	ANTIHISTAMINE , Diphenhydramine, exp. date not less than 1 1/2 yrs, Alleright	40	20.00	800.00
22	tablet	ANTIHISTAMINE , Loratadine, 10mg, exp. date not less than 1 1/2 yrs, Loratamed	900	2.00	1,800.00
23	tablet	ANTI-HYPERTENSION , Captopril, 25mg, exp. date not less than 1 1/2 yrs, Captopres	50	1.00	50.00
24	tablet	ANTI-HYPERTENSIVE , Amlodipine, 5mgs., exp. date not less than 3 yrs, Amlothix	100	1.50	150.00
25	cap	ANTI-INFLAMATORY , Celecoxib, 200mgs, exp. date not less than 1 1/2 yrs, Saphlecox	800	3.00	2,400.00
<i>Sub-total:</i>					45,860.00

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: *[Signature]* **ROBINSON P. PANGALAN** 4/8/24

DR. ARNOLD E. VELASCO
University President
Authorized

STERITEX MEDICAL SYSTEM
(Signature over printed name & date)
Bank Account Name: ANNE RIZON PANGALAN / STERITEX MEDICAL SYSTEM
Bank Account Number: 0081-398-02
Bank Name: LAND BANK
Bank Address: CITY OF SAN BERNARDINO, PAMP.



Funds Available:
[Signature]
JASPER A. YAUDER, CPA
Budget Officer

ALOBS No.: 12-10101-2024-03-034
Amount: ₱ 45,249



PURCHASE ORDER

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

DELIVERY DUE DATE: 5/8/24

Supplier: **STERITEX MEDICAL SYSTEM**
Address: BLK 31a Lot 13, Ivory beige St., cor VDS Minor Road,
Villa Del Sol Subdivision, Magliman, Pampanga
Type of Business: Merchandising
TIN No.: 207-815-023-00000 VAT Reg.
Tel. No.: 0917-855-5196

PR No.: 2024-01-016
PO No.: 2024-183
Date: 3/25/2024
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/30

Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
		Balance Forwarded:			45,860.00
26	vial	ANTI-INFLAMMATORY , Hydrocortisone Sodium succinate, 100mg/2ml (Act-O-Vial), exp. date not less than 1 1/2 yrs, Hytrix	20	40.00	800.00
27	tablet	ANTI-INFLAMMATORY , Prednisone, 20mg, exp. date not less than 1 1/2 yrs, Prend	300	3.00	900.00
30	bottle (s)	ANTISEPTIC SOLUTION , Povidone-Iodine, 120ml solution, exp. date not less than 1 1/2 yrs, J. Chemie	10	88.00	880.00
34	ampule	ANTIPASMODIC , Hyoscine N-Butylbromide, 20mg, exp. date not less than 1 yr, Hyophil	10	15.00	150.00
35	tablet	ANTIPASMODIC , Hyoscine N-Butylbromide, 10mg, exp. date not less than 1 yr, Hyopan	1000	3.00	3,000.00
38	tablet	ANTI-VOMITING , Metoclopramide 10mg, exp. date not less than 1 1/2 yrs, Meto	50	2.00	100.00
39	amp	ANTI-VOMITING , Metoclopramide, exp. date not less than 1 1/2 yrs, Plazimide	5	14.00	70.00
42	tablet	DECONGESTANT , Phenylpropanolamine HCl, Brompheniramine Maleate, exp. date not less than 1 yr, Nasatapp	1000	11.50	11,500.00
43	bottle (s)	DESCOCEPT , AF, 100ml	10	1,890.00	18,900.00
44	capsule	DIETARY SUPPLEMENTARY , Multi-Vitamins, exp. date not less than 1 1/2 yrs, Multivit Plus	800	1.00	800.00
<i>Sub-total:</i>					82,960.00

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. ARNOLD E. VELASCO
University President

Authorized Official

Conforme: DOMINANTE PAROUM 4/8/24

STERITEX MEDICAL SYSTEM

(Signature over printed name & date)

Bank Account Name: ARNEL DIZON PANGILINAN / STERITEX MEDICAL SYSTEM

Bank Account Number: 0081-2398-02

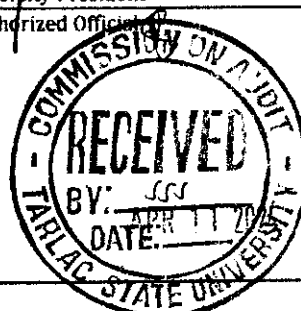
Bank Name: LAND BANK

Bank Address: CPZ OF SAN PERNANDO, PAMP

Funds Available:

JASPER A. YAUDER, CPA
Budget Officer

ALORS No.: 02-1001-2024-63-0391
Amount: ₱145,249





PURCHASE ORDER

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

DELIVERY DUE DATE: 5/8/24

Supplier: **STERITEX MEDICAL SYSTEM**
Address: **BLK 31a Lot 13, Ivory beige St., cor VDS Minor Road,
Villa Del Sol Subdivision, Magliman, Pampanga**
Type of Business: **Merchandising**
TIN No.: **207-815-023-00000 VAT Reg.**
Tel. No.: **0917-855-5196**

PR No.: **2024-01-016**
PO No.: **2024-183**
Date: **3/25/2024**
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/30**

Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
Balance Forwarded:					82,960.00
45	tablet	DIETARY SUPPLEMENTARY, Vitamin B Complex, exp. date not less than 1 yr, Nervesaph	300	2.00	600.00
47	bottle (s)	EYE DROP, Tobramycin, exp. date not less than 1 1/2 yrs, Consac	10	150.00	1,500.00
50	tube	OINTMENT, Mometasone Furoate, 10g, exp. date not less than 1 1/2 yrs, Momate	10	530.00	5,300.00
52	tube	OINTMENT, Mupirocin, exp. date not less than 1 yr, Mupisaph	10	58.00	580.00
54	tube	OINTMENT, Povidone-Iodine, 10% topical ointment, 5g, exp. date not less than 2 yrs, Betadine	5	400.00	2,000.00
58	tube	PAIN RELIEVER, Ketoprofen Gel, exp. date not less than 2 yrs, Fastum	20	622.00	12,440.00
59	amp	PAIN RELIEVER, Ketorolac, exp. date not less than 1 1/2 yrs, Ketopane	10	15.00	150.00
60	capsule	PAIN RELIEVER, Mefenamic Acid, 250mg, exp. date not less than 2 yrs, Mefemed	200	1.50	300.00
61	tablet	PAIN RELIEVER, Mefenamic Acid, 500mg, exp. date not less than 1 1/2 yrs, Mecid	1000	1.80	1,800.00
62	amp	PAIN RELIEVER, Tramadol, solution, for injection, exp. Date not less than 1 1/2 yrs, Ambidol	10	10.00	100.00
<i>Sub-total:</i>					107,730.00

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. ARNOLD E. VELASCO

University President

Authorized Official

Conforme: *ROBINETTE PATOUR 4/8/24*

STERITEX MEDICAL SYSTEM

(Signature over printed name & date)

Bank Account Name: ARNEL ORION PANGILINAN / STERITEX MEDICAL SYSTEM

Bank Account Number: 0081-2998-02

Bank Name: LAND BANK

Bank Address: CITY OF SAN FERNANDO, PAMP.

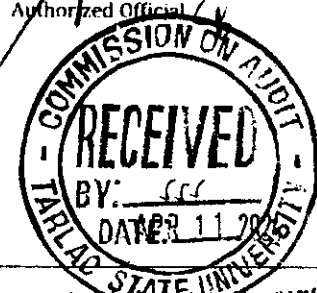
Funds Available:

JASPER A. YAUDER, CPA

Budget Officer

ALOBS No.: 12-MAR-2024-0391

Amount: PNP 299





PURCHASE ORDER

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

DELIVERY DUE DATE: 5/8/24

Supplier: **STERITEX MEDICAL SYSTEM**
Address: **BLK 31a Lot 13, Ivory beige St., cor VDS Minor Road,
Villa Del Sol Subdivision, Magliman, Pampanga**
Type of Business: **Merchandising**
TIN No.: **207-815-023-00000 VAT Reg.**
Tel. No.: **0917-855-5196**

PR No.: 2024-01-016
PO No.: 2024-183
Date: 3/25/2024
Mode of Procurement: Small Value

Gentlemen:
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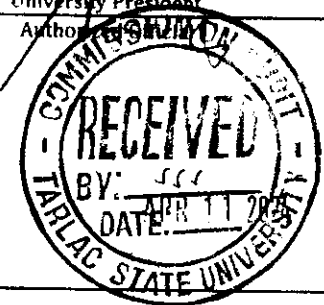
Place of Delivery: **TARLAC STATE UNIVERSITY**
Date of Delivery:
Delivery Term: 30 Calendar days
Payment Term: N/30

Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
Balance Forwarded:					107,730.00
63	bottle (s)	SOLUTION, 0.9% Sodium Chloride Solution for Irrigation, 1000ml, Euromed	5	63.00	315.00
64	bottle (s)	SOLUTION, 0.9% Sodium Chloride Solution for IV Infusion, 1000ml, Euromed	3	63.00	189.00
65	bottle (s)	SOLUTION, 5% Dextrose in lactated ringer's solution for IV Infusion, 1000ml, Euromed	3	80.00	240.00
66	gallon	SOLUTION, Cidex solution, Aidex	3	1,458.00	4,374.00
67	bottle (s)	SOLUTION, Plain lactated ringer's, for IV Infusion, 100ml, Euromed	3	80.00	240.00
68	bottle (s)	SPRAY, Cool spray 250ml, exp. date not less than 1 1/2 yrs	50	507.00	25,350.00
69	vial	STERILE WATER, for injection, 50ml, solvent, Parenteral Prep, exp. date not less than 3 yrs, Euromed	5	36.00	180.00
70	bottle (s)	TOPICAL, Anesthetic 29.6ml, Lidogel	2	533.00	1,066.00
71	amp	VACCINE, Tetanus Toxoid, vaccine, exp. date not less than 1 1/2 yrs, Abhay-Tox	30	64.00	1,920.00
72	cap	VITAMINS, Sodium Ascorbate/Ascorbic Acid with Zinc, exp. date not less than 1 1/2 yrs, Protec-zinc	1000	1.80	1,800.00
<i>Sub-total:</i>					143,404.00

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. ARNOLD E. VELASCO
University President
Author

Conforme: *[Signature]* **POBIN...** *4/8/24*



STERITEX MEDICAL SYSTEM

(Signature over printed name & date)
Bank Account Name: ARNEL DIZON CONSILINAN / STERITEX MEDICAL SYSTEM
Bank Account Number: 0091-2398-02
Bank Name: LAND BANK
Bank Address: CITY OF SAN FLORENCE, PAMP

Funds Available:
[Signature]
JASPER A. YAUDER, CPA
Budget Officer

ALOBS No.: **12-10101-2024-03-0341**
Amount: **₱145,249**



PURCHASE ORDER

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

DELIVERY DUE DATE: 5/8/24

Supplier: **STERITEX MEDICAL SYSTEM**
Address: **BLK 31a Lot 13, Ivory beige St. cor VDS Minor Road,
Villa Del Sol Subdivision, Magliman, Pampanga**
Type of Business: **Merchandising**
TIN No.: **207-815-023-00000 VAT Reg.**
Tel. No.: **0917-855-5196**

PR No.: **2024-01-016**
PO No.: **2024-183**
Date: **3/25/2024**
Mode of Procurement: **Small Value**

Gentlemen:
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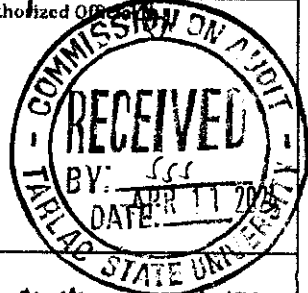
Place of Delivery: **TARLAC STATE UNIVERSITY** Delivery Term: **30 Calendar days**
Date of Delivery: Payment Term: **N/30**

Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
Balance Forwarded:					
73	box	ANTIBIOTIC, Amoxicillin, 500mg, 100/box, Ambimox	4	190.00	760.00
74	bottle (s)	ORAL RINSE, Orahex Forte, Orahex 120ml	5	185.00	925.00
75	bottle (s)	SOLUTION, Normal Saline, Euromed	2	80.00	160.00
					145,249.00
..... Purpose: Medicines - APP 1st Quarter 2024					

(Total Amount in Words) One Hundred Forty-Five Thousand Two Hundred Forty-Nine 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. ARNOLD E. VELASCO
University President
Authorized Officer

Conforme: *ROBINSON P. PATON* 4/8/24



STERITEX MEDICAL SYSTEM
(Signature over printed name & date)
Bank Account Name: ARNOLD E. VELASCO / STERITEX MEDICAL SYSTEM
Bank Account Number: 0081-2298-02
Bank Name: LAND BANK
Bank Address: CITY OF SAN FERNANDO, PAMP.

Funds Available:
JASPER A. VAUDER, CPA
Budget Officer

ALOBS No.: **02-0101-2024-03-0311**
Amount: **P45,249**



PURCHASE ORDER

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

DELIVERY DUE DATE: 5/8/24

Supplier: **STERITEX MEDICAL SYSTEM**
Address: **BLK 31a Lot 13, Ivory beige St., cor VDS Minor Road,
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Delivery Term: **30 Calendar days**

Date of Delivery:

Payment Term: **N/30**

Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
1	tube	ANESTHESIA , Lidocaine Hcl, Injection, 5ml, exp. date not less than 1 1/2 yrs., Eurocaine	5	30.00	150.00
6	tablet	ANTACID , Omeprazole, 40mgs., exp. date not less than 1 1/2 yrs, Inhibita	200	4.00	800.00
7	tablet	ANTACID , Ranitidine hcl, 150 mg, exp. date not less than 1 1/2 yrs, Ranitein	200	2.00	400.00
8	tablet	ANTI-ASTHMA , Doxofylline 400mg, exp. date not less than 1 1/2 yrs, Doxofar	300	8.00	2,400.00
9	tablet	ANTI-ASTHMA , Salbutamol Sulfate, Bromhexine HCl, Guaifenesin, exp. date not less than 1 yr, Pecof	800	23.00	18,400.00
10	nebules	ANTI-ASTHMA , Salbutamol, Nebules, exp. date not less than 1 yr, Salbuden	100	8.00	800.00
11	capsule	ANTIBIOTIC , Cefalexin 250 mg, exp. date not less than 2 yrs, Diacef	200	3.00	600.00
12	cap	ANTIBIOTIC , Cefalexin, 500 mgs., exp. date not less than 1 1/2 yrs, Exel	1000	3.00	3,000.00
13	capsule	ANTIBIOTIC , Ciprofloxacin, 500 mg, exp. date not less than 1 1/2 yrs, Cyfrox	800	2.00	1,600.00
14	cap	ANTIBIOTIC , Clindamycin, 300 mgs., exp. date not less than 1 yr, Clindagold	500	5.50	2,750.00
<i>Sub-total:</i>					30,900.00

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. ARNOLD E. VELASCO
University President
Authorized Official

Conforme:

STERITEX MEDICAL SYSTEM

(Signature over printed name & date)

Bank Account Name: _____

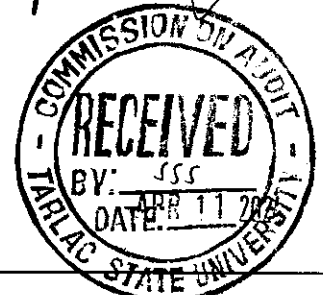
Bank Account Number: _____

Bank Name: _____

Bank Address: _____

Funds Available:

JASPER A. YAUDER, CPA
Budget Officer



ALOS No.: **12-10101-2024-03-0391**

Amount: **₱145249**



PURCHASE ORDER

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

DELIVERY DUE DATE: 5/8/24

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Address: BLK 31a Lot 13, Ivory beige St., cor VDS Minor Road, Villa Del Sol Subdivision, Maglisan, Pampanga
Type of Business: Merchandising
TIN No.: 207-815-023-00000 VAT Reg.
Tel. No.: 0917-855-5196

PR No.: 2024-01-016
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Gentlemen:

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Date of Delivery:

Delivery Term: 30 Calendar days
Payment Term: N/30

Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
		Balance Forwarded:			30,900.00
15	tablet	ANTIBIOTIC , Co-Amoxiclav, 625 mg., exp. date not less than 1 1/2 yrs, Raniclav	800	9.80	7,840.00
16	box	ANTIBIOTIC , Mefenamic Acid, 500mg 100/box, Mecid	4	150.00	600.00
17	tube	ANTIBIOTIC , Silver Sulfadiazine, exp. date not less than 1 1/2 yrs, Argyrex	3	90.00	270.00
18	cap	ANTI-DIARRHEA , Loperamide, exp. date not less than 1 1/2 yrs, Diacure	300	1.50	450.00
20	tablet	ANTIHISTAMINE , Cetirizine, 10mg, Ceticit	600	1.00	600.00
21	amp	ANTIHISTAMINE , Diphenhydramine, exp. date not less than 1 1/2 yrs, Alleright	40	20.00	800.00
22	tablet	ANTIHISTAMINE , Loratadine, 10mg, exp. date not less than 1 1/2 yrs, Loratamed	900	2.00	1,800.00
23	tablet	ANTI-HYPERTENSION , Captopril, 25mg, exp. date not less than 1 1/2 yrs, Captobes	50	1.00	50.00
24	tablet	ANTI-HYPERTENSIVE , Amlodipine, 5mgs., exp. date not less than 3 yrs, Amlothix	100	1.50	150.00
25	cap	ANTI-INFLAMMATORY , Celecoxib, 200mgs, exp. date not less than 1 1/2 yrs, Saphlecox	800	3.00	2,400.00
<i>Sub-total:</i>					45,860.00

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:

DR. ARNOLD E. VELASCO
University President
Authorized Official

STERITEX MEDICAL SYSTEM

(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.: 02-101101-2024-03-0244
Amount: P145249



PURCHASE ORDER

DELIVERY DUE DATE: 5/8/24

Procurement Unit

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

Supplier : **STERITEX MEDICAL SYSTEM**
 Address : BLK 31a Lot 13, Ivory beige St., cor VDS Minor Road,
Villa Del Sol Subdivision, Magliman, Pampanga
 Type of Business : Merchandising
 TIN No. : 207-815-023-00000 VAT Reg.
 Tel. No. : 0917-855-5196

PR No.: 2024-01-016
 PO No.: 2024-183
 Date: 3/25/2024
 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/30

Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
Balance Forwarded:					45,860.00
26	vial	ANTI-INFLAMMATORY , Hydrocortisone Sodium succinate, 100mg/2ml (Act-O-Vial), exp. date not less than 1 1/2 yrs, Hytrix	20	40.00	800.00
27	tablet	ANTI-INFLAMMATORY , Prednisone, 20mg, exp. date not less than 1 1/2 yrs, Prend	300	3.00	900.00
30	bottle (s)	ANTISEPTIC SOLUTION , Povidone-Iodine, 120ml solution, exp. date not less than 1 1/2 yrs, J. Chemie	10	88.00	880.00
34	ampule	ANTIPASMODIC , Hyoscine N-Butylbromide, 20mg, exp. date not less than 1 yr, Hyophil	10	15.00	150.00
35	tablet	ANTIPASMODIC , Hyoscine N-Butylbromide, 10mg, exp. date not less than 1 yr, Hyopan	1000	3.00	3,000.00
38	tablet	ANTI-VOMITING , Metoclopramide 10mg, exp. date not less than 1 1/2 yrs, Meto	50	2.00	100.00
39	amp	ANTI-VOMITING , Metoclopramide, exp. date not less than 1 1/2 yrs, Plazimide	5	14.00	70.00
42	tablet	DECONGESTANT , Phenylpropanolamine HCl, Brompheniramine Maleate, exp. date not less than 1 yr, Nasatapp	1000	11.50	11,500.00
43	bottle (s)	DESCOCEPT , AF, 100ml	10	1,890.00	18,900.00
44	capsule	DIETARY SUPPLEMENTARY , Multi-Vitamins, exp. date not less than 1 1/2 yrs, Multivit Plus	800	1.00	800.00
<i>Sub-total:</i>					82,960.00

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. ARNOLD E. VELASCO
University President

Authorized Official

Conforme:

STERITEX MEDICAL SYSTEM

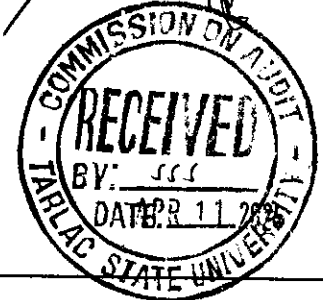
(Signature over printed name & date)

Bank Account Name: _____

Bank Account Number: _____

Bank Name: _____

Bank Address: _____



Funds Available:

JASPER A. YAUDER, CPA
Budget Officer

ALOBS No.: 42-101101-2024-03-0349
Amount: ₱145,249



PURCHASE ORDER

DELIVERY DUE DATE: 5/8/24

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

Supplier : **STERITEX MEDICAL SYSTEM**
Address : BLK 31a Lot 13, Ivory beige St., cor VDS Minor Road,
Villa Del Sol Subdivision, Maglisan, Pampanga
Type of Business : Merchandising
TIN No. : 207-815-023-00000 VAT Reg.
Tel. No. : 0917-855-5196

PR No.: 2024-01-016
PO No.: 2024-183
Date: 3/25/2024
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
Balance Forwarded:					82,960.00
45	tablet	DIETARY SUPPLEMENTARY , Vitamin B Complex, exp. date not less than 1 yr, Nervesaph	300	2.00	600.00
47	bottle (s)	EYE DROP , Tobramycin, exp. date not less than 1 1/2 yrs, Consac	10	150.00	1,500.00
50	tube	OINTMENT , Mometasone Furoate, 10g, exp. date not less than 1 1/2 yrs, Momate	10	530.00	5,300.00
52	tube	OINTMENT , Mupirocin, exp. date not less than 1 yr, Mupisaph	10	58.00	580.00
54	tube	OINTMENT , Povidone-Iodine, 10% topical ointment, 5g, exp. date not less than 2 yrs, Betadine	5	400.00	2,000.00
58	tube	PAIN RELIEVER , Ketoprofen Gel, exp. date not less than 2 yrs, Fastum	20	622.00	12,440.00
59	amp	PAIN RELIEVER , Ketorolac, exp. date not less than 1 1/2 yrs, Ketopane	10	15.00	150.00
60	capsule	PAIN RELIEVER , Mefenamic Acid, 250mg, exp. date not less than 2 yrs, Mefemed	200	1.50	300.00
61	tablet	PAIN RELIEVER , Mefenamic Acid, 500mg, exp. date not less than 1 1/2 yrs, Mecid	1000	1.80	1,800.00
62	amp	PAIN RELIEVER , Tramadol, solution, for injection, exp. Date not less than 1 1/2 yrs, Ambidol	10	10.00	100.00
<i>Sub-total:</i>					107,730.00

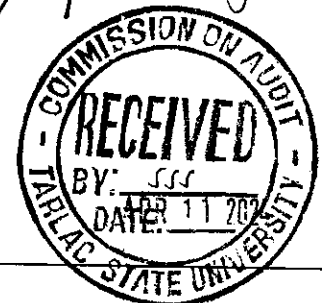
Warranty shall be for a period minimum of Three (3) months for expendable supplies, or a minimum period of one (1) Year for non-expendable supplies. In case of failure to make full delivery within the time specified above, a penalty of one-tenth (1/10) of one percent for every day of delay shall be imposed

Very truly yours,
DR. ARNOLD E. VELASCO
University President
Authorized Official

Conforme:

STERITEX MEDICAL SYSTEM
(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. : 02-101101-2024-13-0391
Amount : ₱195249



PURCHASE ORDER

Procurement Unit

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

DELIVERY DUE DATE: 5/8/24

Supplier: **STERITEX MEDICAL SYSTEM**
 Address: BLK 31a Lot 13, Ivory beige St., cor VDS Minor Road,
Villa Del Sol Subdivision, Magliman, Pampanga
 Type of Business: Merchandising
 TIN No.: 207-815-023-00000 VAT Reg.
 Tel. No.: 0917-855-5196

PR No.: 2024-01-016
 PO No.: 2024-183
 Date: 3/25/2024
 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/30

Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
Balance Forwarded:					107,730.00
63	bottle (s)	SOLUTION, 0.9% Sodium Chloride Solution for Irrigation, 1000ml, Euromed	5	63.00	315.00
64	bottle (s)	SOLUTION, 0.9% Sodium Chloride Solution for IV Infusion, 1000ml, Euromed	3	63.00	189.00
65	bottle (s)	SOLUTION, 5% Dextrose in lactated ringer's solution for IV Infusion, 1000ml, Euromed	3	80.00	240.00
66	gallon	SOLUTION, Cidex solution, Aidex	3	1,458.00	4,374.00
67	bottle (s)	SOLUTION, Plain lactated ringer's, for IV Infusion, 100ml, Euromed	3	80.00	240.00
68	bottle (s)	SPRAY, Cool spray 250ml, exp. date not less than 1 1/2 yrs	50	507.00	25,350.00
69	vial	STERILE WATER, for injection, 50ml, solvent, Parenteral Prep, exp. date not less than 3 yrs, Euromed	5	36.00	180.00
70	bottle (s)	TOPICAL, Anesthetic 29.6ml, Lidogel	2	533.00	1,066.00
71	amp	VACCINE, Tetanus Toxoid, vaccine, exp. date not less than 1 1/2 yrs, Abhay-Tox	30	64.00	1,920.00
72	cap	VITAMINS, Sodium Ascorbate/Ascorbic Acid with Zinc, exp. date not less than 1 1/2 yrs, Protec-zinc	1000	1.80	1,800.00
<i>Sub-total:</i>					143,404.00

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. ARNOLD E. VELASCO
 University President
 Authorized Official

Conforme:

STERITEX MEDICAL SYSTEM

(Signature over printed name & date)

Bank Account Name: _____

Bank Account Number: _____

Bank Name: _____

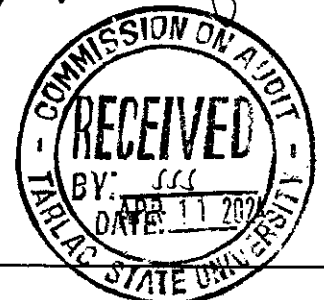
Bank Address: _____

Funds Available:

JASPER A. YAUDER, CPA
 Budget Officer

ALOBS No.: 02-101101-2024-03-039/

Amount: ₱143,249





PURCHASE ORDER

Procurement Unit

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

DELIVERY DUE DATE: 5/8/24

Supplier : **STERITEX MEDICAL SYSTEM**
 Address : BLK 31a Lot 13, Ivory beige St., cor VDS Minor Road,
Villa Del Sol Subdivision, Magliman, Pampanga
 Type of Business : Merchandising
 TIN No. : 207-815-023-00000 VAT Reg.
 Tel. No. : 0917-855-5196

PR No.: 2024-01-016
 PO No.: 2024-183
 Date: 3/25/2024
 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/30

Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
		Balance Forwarded:			143,404.00
73	box	ANTIBIOTIC , Amoxicillin, 500mg, 100/box, Ambimox	4	190.00	760.00
74	bottle (s)	ORAL RINSE , Orahex Forte, Orahex 120ml	5	185.00	925.00
75	bottle (s)	SOLUTION , Normal Saline, Euromed warranty: 3 months	2	80.00	160.00
					145,249.00
***** Purpose: Medicines - APP 1st Quarter 2024					

(Total Amount in Words) One Hundred Forty-Five Thousand Two Hundred Forty-Nine 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. ARNOLD E. VELASCO
 University President

Authorized Official

Conforme:

STERITEX MEDICAL SYSTEM

(Signature over printed name & date)

Bank Account Name: _____

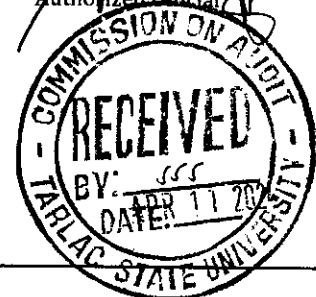
Bank Account Number: _____

Bank Name: _____

Bank Address: _____

Funds Available:

JASPER A. VAUDER, CPA
 Budget Officer



ALOBS No. : 02-701101-2024-03-03 Y1

Amount : ₱145,249