



PURCHASE ORDER

Procurement Unit

DELIVERY DUE DATE: 6/13/22

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.: 2022-04-113
 PO No.: 2022-227
 Date: 5/13/2022
 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: 20 Calendar days
 Payment Term: N/30

Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
11	pcs	ALCOHOL, 250ml, Ethyl	84	48.00	4,032.00
16	set	ELASTIC BANDAGES, 3"	4	230.00	920.00
17	set	GAUZE ROLLS 4 x 10	4	180.00	720.00
18	pack	COTTON BALLS 150s	4	90.00	360.00
19	bottle	POVIDONE IODINE 60ml	4	92.00	368.00
20	bottle	70% ALCOHOL, isopropyl 250ml	4	55.00	220.00
***** Purpose: to be used in DOST-ECEST Extension Project in San Clemente, Mayantoc, San Jose, Bamban (2 trinings for health & Nutrition / Disaster Risk Reduction)					<u>6,620.00</u>

(Total Amount in Words) Six Thousand Six Hundred Twenty Pesos Only

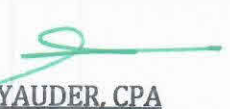
Warranty shall be for a period minimum of three (3) months for expendable supplies, or a minimum period of one (1) year for non-expendable supplies. In case of failure to make full delivery within the time specified above, a penalty of one-tenth (1/10) of one percent for every day of delay shall be imposed.

Very truly yours,

 DR. ARMEE N. ROSEL
 VP, Research and Extension Services-
 Authorized Official
 24 MAY 2022

Conforme: 
HERMANA PHARMACY
 (Signature over printed name & date) 5/24/22

Bank Account Name: _____
 Bank Account Number: _____
 Bank Name: _____
 Bank Address: _____

COMMISSION ON AUDIT, TSU
RECEIVED
 MAY 24 2022

Funds Available:

JASPER A. YAUDER, CPA
 Budget Officer

ALOBS No. : 02-202203-2021-05-0087
 Amount : ₱ 6,620-

noted
5/24/22