



# PURCHASE ORDER

Procurement Unit  
Telefax No.: 045-982-4630

**DELIVERY DUE DATE:** 10/30/22

Supplier : <b>HERMANA PHARMACY</b>	PR No.: 2022-08-222
Address : Hospital Drive, San Vicente, Tarlac City	PO No.: 2022-431
Type of Business : Merchandising	Date: 09/27/2022
TIN No. : 446-613-036-000	Mode of Procurement: Small Value
Tel. No. : 0916-2889-5883/0931-855-5005/0927-666-9676	

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

Place of Delivery: <b>TARLAC STATE UNIVERSITY</b>	Delivery Term: 30 calendar days
Date of Delivery:	Payment Term: n/15

Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
2	box	Antibiotic, amoxicillin, 500mg, 100's/box	3	202.00	606.00
3	box	Antibiotic, mefenamic acid, 500mg, 100's/box	4	300.00	1,200.00
4	box	Antibiotic, tranexamic, 500mg, 100's/box	3	475.00	1,425.00
5	tablet	Antihistamin, loratadine, 10mg	500	1.30	650.00
7	ampule	Antispamodic, hyoscine n-butylbromide, 20gm	30	30.00	900.00
***** Purpose: MEDICINE (APP 2022 3RD QUARTER)					<b>4,781.00</b>

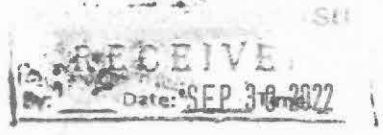
(Total Amount in Words) Four Thousand Seven Hundred Eighty one Pesos Only

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. ROSEL**  
 Vice President for Administration  
 Authorized Official

Conformed:  
  
**HERMANA PHARMACY** 9/20/22  
 (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. : 02-02001 - 2022-09 - 0738  
 Amount : ₱ 4,781 -