



PURCHASE ORDER

DELIVERY DUE DATE: 25 SEP 2024

Procurement Unit

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

Supplier : **GLISHER PHARMACY**
 Address : #1048 Supan Bldg., F. Tanedo St., Tarlac City
 Type of Business : Merchandising
 TIN No. : 328-948-372-000 Non-VAT
 Tel. No. : 0949-888-9950

PR No.: 2024-05-216
 PO No.: 2024-543
 Date: 08/30/2024
 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: 20 Calendar days
 Date of Delivery: Payment Term: n/15

Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
1	box	Anesthetic, Lidocaine, 50's / box ***** <i>Purpose: for Dental clinic use only.</i>	5	2,150.00	<u>10,750.00</u>

(Total Amount in Words) Ten Thousand Seven Hundred Fifty 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
President

Authorized Official *[Signature]*

Conforme: *[Signature]* 9/5/24

GLISHER PHARMACY

(Signature over printed name & date)

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



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

ALOBS No. : 02-706491-2024-09-2814
 Amount : 10,750.00