



PURCHASE ORDER

Procurement Unit
Telefax No.: 045-982-4630

DELIVERY DUE DATE: 02 NOV 2024

Supplier : **HERMANA PHARMACY**
Address : Hospital Drive, San Vicente, Tarlac City
Type of Business : Merchandising
TIN No. : 446-613-036-000
Tel. No. : 0915-063-0518

PR No.: 2024-06-260
PO No.: 2024-589
Date: 09/25/2024
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/15

Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
28	bottle (s)	ANTISEPTIC SOLUTION , Providone-Iodine, 120ml solution, Exp. Date not less than 1 1/2 yrs	5	150.00	750.00
48	tube	OINTMENT , Mupirocin, Exp. Date not less than 1yr ***** <i>Purpose: Medicines - APP 2nd Quarter 2024</i>	10	150.00	1,500.00
					<u>2,250.00</u>

(Total Amount in Words) Two Thousand Two 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

Conforme:

HERMANA PHARMACY 10/3
(Signature over printed name & date)

Very truly yours,

DR. ARNOLD E. VELASCO
President
Authorized Official



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

Funds Available:

JASPER A. YAUDER, CPA
Budget Officer

ALOBS No. : 02-00441 2024-10-3117
Amount : 2,250.00