



# PURCHASE ORDER

Procurement Unit

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

**DELIVERY DUE DATE:** 04/27/23

Supplier: **SHEILD DRUGSTORE AND MEDIMARKETING CORPORATION**

PR No.: 2023-03-115

Address: 50 ANCHETA ST. COR. BUCANEG ST. CATBANGEN, San Fernando City, La Union, Region 1, Philippines

PO No.: 2023-179

Type of Business: Merchandising Business

Date: 4/14/2023

TIN#: 771-137-537-000 VAT Reg.

Mode of Procurement: Shopping

Tel. No.: 0917-729-8659/(072) 619-2343

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

Place of Delivery: **TARLAC STATE UNIVERSITY**

Delivery Term: 10 Calendar Days

Date of Delivery: \_\_\_\_\_

Payment Term: N/15

Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
3	bottle(s)	ANESTHETIC, Topical Anesthetic	2	500.00	1,000.00
15	capsule	ANTIBIOTIC, Ciproflaxim, 500 mg. (Exp. Date not less than 1 1/2yrs), Ciprodine	1500	5.00	7,500.00
17	tablet	ANTIBIOTIC, Co-Amoxiclav, 625 mg. (Exp. Date not less than 1 1/2yrs.), Comxicla	2500	18.00	45,000.00
21	cap	ANTI-DIARRHEA, Loperamide (Exp. Date not less than 1 1/2yrs) Diacure	284	4.00	1,136.00
33	caplet	ANTIPYRETIC, Paracetamol, 500 mgs (Exp. Date not less than 2 1/2yrs)	2940	3.50	10,290.00
34	bottle(s)	ANTISEPTIC SOLUTION, Povidone-Iodine, 120 ml solution, Betadine	30	253.50	7,605.00
55	tube	OINTMENT, Mupirocin (Exp. Date not less than 1yr)	18	172.50	3,105.00
77	cap	VITAMINS, Sodium Ascorbate/Ascorbic Acid with Zin (Exp. Date not less than 1 1/2yrs)	1500	3.00	4,500.00
***** Purpose: Medicines APP 1st Quarter 2023					<b><u>80,136.00</u></b>

(Total Amount in Words) Eighty Thousand One Hundred Thirty-Six 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 M. ROSETE  
Vice President for Administration  
Authorized Official

Conforme: *[Signature]* 4/17/23

**SHEILD DRUGSTORE AND MEDIMARKETING CORPORATION**

(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.: 12-206441-2023-04-080  
Amount: ₱80,136-