



PURCHASE ORDER

DELIVERY DUE DATE: 08/04/2022

Procurement Unit
Telefax No.: 045-982-4630

Supplier : **HERMANA PHARMACY**
Address : **Hospital Drive, San Vicente, Tarlac City**
Type of Business : **Merchandising**
TIN No. : **446-613-036-000**
Tel. No. : **0916-2889-5883/0931-855-5005/0927-666-9676**

PR No.: **2022-05-133**
PO No.: **2022-286**
Date: **6/21/2022**
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: **30 calendar days**
Date of Delivery: Payment Term: **n/30**

Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
1	box	FACE MASK, 3ply, earloop mask, FDA approved, plastic vaccum sealed and box, Mediclean	3210	64.50	207,045.00
2	gal	ETHYL ALCOHOL, 3.745 liters, 70% solution, FDA approved	1100	283.95	312,345.00
***** Purpose: for COVID-19 protection					519,390.00

(Total Amount in Words) Five Hundred Nineteen Thousand Three Hundred Ninety 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. ROSETE
Vice President for Administration
Authorized Official

Conforme:

7/5/22

HERMANA PHARMACY

(Signature over printed name & date)

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

COMMISSION ON AUDIT - TSU

RECEIVED

By: _____ Date: JUL 05 2022

Funds Available:

JASPER A. YAUDER, CPA
Budget Officer

ALOBS No.: 02-101101-22-00-0766
Amount: **519,390**

Form No.: TSU-PRO-SF 09 Revision No. 03

Effectivity Date: August 24, 2020 Page 1 of 1