



PURCHASE ORDER

Procurement Unit
Telefax No.: 045-982-4630

DELIVERY DUE DATE: 4/24/23

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.: **2023-03-115**
PO No.: **2023-178**
Date: **4/14/2023**
Mode of Procurement: **Shopping**

Gentlemen:

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
1	Tube	ANESTHESIA, Lidocaine Hcl, Injection, 5 ml, (Exp. Date not less than 1 1/2yrs), Euromed ✓	10	55.00	550.00
6	tablet	ANTACID, Famotadine, Calcium Carbonate, Magnesium Hydroxide, (Exp. Date not less than 1 1/2yrs), KREMIL- S ADV ✓	1000	20.00	20,000.00
8	tablet	ANTACID, Ranitidine Hcl, 150mg, (Exp. Date not less than 1 1/2yrs), RANITEIN ✓ GASTROSAPH	438	5.00	2,190.00
10	tablet	ANTI-ASTHMA, Salbutamol Sulfate, Bromhexine HCl, guaifenesin (Exp. Date not less than 1yr), PECOF ✓	1000	30.00	30,000.00
14	cap	ANTIBIOTIC, Cefalexin, 500mg, Exel ✓	1000	2.50	2,500.00
18	box	ANTIBIOTIC, Mefenamic Acid, 500mg 100/box, Myrefen megyxan ✓	4	300.00	1,200.00
19	Tube	ANTIBIOTIC, Silver Sulfadiazine (Exp. Date not less than 1 1/2yrs), MAZINE ✓	10	190.00	1,900.00
25	tablet	ANTI-HYPERTENSION, Captopril, 25mg, (Exp. Date not less than 1 1/2yrs), Hyperstop ✓	200	2.00	400.00
35	bottle	ANTISEPTIC SOLUTION, Povidone-Iodine, 55g, dry powder spray 2.5% antiseptic, wound remedy (Exp. Date not less than 1 1/2yrs) BETADINE ✓	12	420.00	5,040.00
37	tablet	ANTISPASMODIC, Hyoscine N-Butylbromide + Paracetamol 10mg/500 mg. (Exp. Date not less than 1 1/2yrs), Hyosaph ✓	500	28.50	14,250.00
40	cap	ANTITUSSIVE, Dextromethorphan HBr, cap phenylephrine HCl, Paracetamol (Exp. Date not less than 1 1/2yrs), Tuseran ✓	500	18.00	9,000.00
42	amp	ANTI-VOMITING, Metoclopramide (Exp. Date not less than 1 1/2yrs), Mycosil Metoclop Meto ✓	8	155.00	1,240.00
44	tablet	DECONGESTANT, PHENYLEPHRINE CHLORPHENAMINE, Paracetamol, 10mg/2mg/500, Bioflu ✓	1000	8.00	8,000.00
49	Tube	EYE DROP, Maxitrol (Exp. Date not less than 1 1/2yrs) ✓	20	800.00	16,000.00
50	bottle	EYE DROP, Tobramycin, (Exp. Date not less than 1 1/2yrs) Cinarex Consac ✓	13	200.00	2,600.00
53	Tube	OINTMENT, Mometasone Furoate, 10g (Exp. Date not less than 1 1/2yrs) Metson Mometasaph Nomason ✓	13	560.00	7,280.00
59	bottle	ORAL RINSE, ORAHX FORTE 500ML ✓	10	500.00	5,000.00
67	amp	PAIN RELIEVER, Tramadol, solution, for injection (Exp. Date not less than 1 1/2yrs) ✓	10	39.00	390.00
73	bottle	SPRAY, Cool Spray 250ml PERKINDOL (Exp. Date not less than 1 1/2yrs) ✓	50	750.00	37,500.00
75	amp	VACCINE, Tetanus Toxoid, vaccine (Exp. Date not less than 1 1/2yrs) ✓	45	145.00	6,525.00
					171,565.00

Purpose: Medicines APP 1st Qtr 2023

(Total Amount in Words) One Hundred Seventy One Thousand Five Hundred Sixty Five 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:
HERMANA PHARMACY
(Signature over printed name & date)

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

COMMISSION ON AUDIT - TSU
RECEIVED
DATE: APR 17 2023

Funds Available:
JASPER A. YAUDER, CPA
Budget Officer

ALOS No.: 02-206441-2023-04-079
Amount: ₱171,565