



PURCHASE ORDER

Procurement Unit

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

DELIVERY DUE DATE: 6/26/20

Supplier : **GACN ENTERPRISES**
 Address : Ilang-Ilang St., San Vicente, Tarlac City
 TIN#: 245-990-975-000 VAT Reg.
 Tel. No. : 0933-129-4370
 Contact Person: Mr. Percival Bartolome

PR No.: 2020-02-030
 PO No.: 2020-142
 Date: 3/6/2020
 Mode of Procurement: Small Value

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/30

Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
1	pc	MUPIROCIN (FOSKINA), 5grams	20	745.00	14,900.00
2	pc	EYEDROPS MAXITROL	10	1,050.00	10,500.00
3	pc	HYDROCOTISONE CREAM	5	640.00	3,200.00
4	pc	OINTMENT KETOPROFEN GEL (FASTUM), 30grams	30	850.00	25,500.00
5	pc	FOSKINA B, OINTMENT MUPIROCIN W/ BETAMENTHASONE, 5grams	20	820.00	16,400.00
***** Purpose: for Clinic use					70,500.00

(Total Amount in Words) Seventy Thousand Five Hundred 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. GLENARD T. MADRIAGA
 VP, Admin. & Finance
 Authorized Official

Conforme:

GACN ENTERPRISES 5/27/20

(Signature over printed name & date)

Bank Account Name: _____

Bank Account Number: _____

Bank Name: _____

Bank Address: _____



Funds Available:

ELENA MAY T. TEOFILO
 OIC, Budget Office

ALOBS No. :
 Amount :

No.: TSU-PRO-SF-09

Revision No. 2

Effectivity Date : October 25, 2019

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ok -
marked
5/29/20