



PURCHASE ORDER

DELIVERY DUE DATE: 2-10-23

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.: 2022-12-370
PO No.: 2023-004
Date: 01/03/2023
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/15

Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
1	unit	Oxygen Tank Refill (standard 2)	2	590.00	1,180.00
2	unit	Oxygen Tank Refill (5pounds) ***** Purpose: FOR MSO CLINIC USE (MAIN, LUCINDA AND SAN. ISIDRO)	5	245.00	1,225.00
					<u>2,405.00</u>

(Total Amount in Words) Two Thousand Four Hundred 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 N. ROSEL
Vice President for Administration
Authorized Official

Conforme:

HERMANA PHARMACY

(Signature over printed name & date)

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



Funds Available:

JASPER A. YAUDER, CPA
Budget Officer

ALOBS No. : 02-11101-2023-01-0023
Amount : ₱ 2405