



PURCHASE ORDER

Procurement Unit
Tel. No.: (045) 606-8142/ 606-8157

DELIVERY DUE DATE: 7-17-23

Supplier : **GLISHER PHARMACY**
Address : #1048 Supan Bldg., F. Tanedo St., Tarlac City
Type of Business : Merchandising
TIN No. : 328-948-372-000 Non-VAT
Tel. No. : 0916-215-0830

PR No.: 2023-05-157
PO No.: 2023-277
Date: 6/21/2023
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**
Date of Delivery:

Delivery Term: 20 Calendar days
Payment Term: n/15

Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
1	box	ANESTHETIC, Lidocaine, 50's/box ***** <i>Purpose: For Dental clinic use only</i>	7	1,875.00	<u>13,125.00</u>

(Total Amount in Words) Thirteen Thousand One Hundred Twenty 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. ROSETE
Vice President for Administration
Authorized Official

Conforme:

GLISHER PHARMACY
(Signature over printed name & date) 6/27/23

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



Funds Available:

JASPER A. VAUDER, CPA
Budget Officer

ALOBS No. : 02-206441-2023-06-1499
Amount : P13125