



# PURCHASE ORDER

**DELIVERY DUE DATE:** 8/17/23

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.: 2023-05-215  
PO No.: 2023-305  
Date: 7/7/2023  
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
29	tablet	ANTISPASMODIC, Hyoscine, N-Butylbromide, 10mg, Hyosaph	500	6.00	3,000.00
30	cap	ANTITUSSIVE, Dextromethorphan HBr, Phenylephrine HCl, Paracetamol, Tuseran	500	11.00	5,500.00
56	amp	VACCINE, Tetanus Toxoid	50	150.00	7,500.00
***** Purpose: For medical services unit use - PPMP 3rd Qtr					<b><u>16,000.00</u></b>

(Total Amount in Words) Sixteen Thousand 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:

**HERMANA PHARMACY** 7/18/23  
(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. : 12-142101-2023-07-0349  
Amount : ₱16,000