



PURCHASE ORDER

DELIVERY DUE DATE: 6/18/2022

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

Supplier: **STERITEX MEDICAL SYSTEM**
Address: Dizon Estate, B41 L12 Dizon AVE, San Fernando, Pampanga
Type of Business: Merchandising Business
TIN No.: 207-815-023-000
Tel. No.: 0917-855-5196

PR No.: 2022-02-026
PO No.: 2022-191
Date: 4/26/2022
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**
Date of Delivery:
Delivery Term: 30 Calendar Days
Payment Term: n/15

Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
13	ampule	HYOSCINE N-BUTYLBROMIDE 20mg/ml	30	24.00	720.00
23	ampule	METOCLOPRAMIDE	10	9.70	97.00
28	btl	OMEGA PAIN KILLER 120 ml PRO	20	175.00	3,500.00
44	ampule	TETANUS TOXOID	30	72.75	2,182.50
					6,499.50

Purpose: for Main, San Isidro & Lucinda Campus Clinic use (PPMP 2022)

(Total Amount in Words) Six Thousand Four Hundred Ninety-Nine and 50/100 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. ARMEE N. ROSEL
VP, Research and Extension Services
Authorized Official

Conforme: ROBINHAIRE PASUAL
5/19/22

STERITEX MEDICAL SYSTEM

(Signature over printed name & date)

Bank Account Name: STERITEX MEDICAL SYSTEM BY: ARNEL
Bank Account Number: 0081-2798-02
Bank Name: LAND BANK
Bank Address: ST. DOMINIC CORINTHIAN, DOKORAS, CAPP



Funds Available:
ASPER A. YAUDER, CPA
Budget Officer

ALOBS No.: 02-102101-22 02-0222
Amount: 6,499.50