



PURCHASE ORDER

Procurement Unit
Telefax No.: 045-982-4630

DELIVERY DUE DATE: 12/22/23

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.: **2023-10-401**
PO No.: **2023-613**
Date: **11/28/2023**
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: **15 calendar days**
Date of Delivery: Payment Term: **n/15**

Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
5	unit	ALCOHOL-70% SOLUTION, 60mL Casino	30	50.00	1,500.00
6	piece	FACE MASK, surrmed, first aid	250	2.30	575.00
<p>*****</p> <p><i>Purpose: to be used in the conduct of the research proposal entitled "Language documentation of Mag-Anchi Foklores in Support of Language Education and Revitalization of Aeta Mag-Anchi" of Ms. Francelle L. Calub as the lead-researcher</i></p>					2,075.00

(Total Amount in Words) Two Thousand Seventy-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,

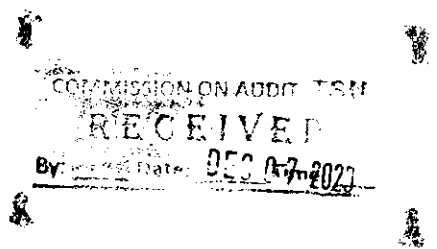
DR. GRACE N. ROSETE
Vice President for Administration
Authorized Official *10*

Conforme:

HERMANA PHARMACY

(Signature over printed name & date)

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



Funds Available:
IASPER A. YAUDER, CPA
Budget Officer

ALOPS No.: *02 magdi-2023-12-1046*
Amount: *2,075.00*