



PURCHASE ORDER

DELIVERY DUE DATE: 7/29/22

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.: 2022-05-131
PO No.: 2022-285
Date: 6/21/2022
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** Delivery Term: 30 calendar days
Date of Delivery: _____ Payment Term: n/30

Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
1	set	RESTORATIVE KIT , Dental wedge kit, SC01, Inclusion: Matrix Band kits Contisen Brand package 1. Forceps: 1pc 2. Ordinary Matrix Band: L(50pcs), M(50pcs), S(50pcs) 3. Subgingival Matrix Band: L(20pcs), M(20pcs), S(20pcs) 4. Resin Matrix Band: L(10pc), S(10pcs) 5. Adhesive Tip Applicator: 3pcs 6. Silicone Clearance Wedge: 6pcs 7. Wedges: 60pcs; 8. Clamping Ring: 6pcs ***** <i>Purpose: For Dental Clinic use only</i>	1	69,500.00	69,500.00

(Total Amount in Words) Sixty Nine Thousand Five Hundred 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 M. ROSETE
Vice President for Administration
Authorized Official

Conforme:

HERMANA PHARMACY

(Signature over printed name & date)

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

COMMISSION ON AUDIT, TSU
RECEIVED
By: _____ Date: JUN 29 2022 Time: _____

Funds Available:

JASPER A. YAUDER, CPA
Budget Officer

ALOBS No. : 06-206441-2022-06-0020
Amount : P 69,500 -