



PURCHASE ORDER

DELIVERY DUE DATE:

Procurement Unit

Telephone No.: 045-606-8142/606-8157

Supplier : **GLISHER PHARMACY**
 Address : 1048 Supan Bldg. F. Tanedo St. Brgy. San Nicolas Tarlac City
 TIN#: 328-948-372-000 NON- VAT Reg.
 Tel. No. : 0916-215-0830
 Contact Person: Ms. Eliza B. Rombaoa

PR No.: 2020-05- 087
 PO No.: 2020-173
 Date: 5/26/2020
 Mode of Procurement: Negotiated- Direct-
 Emergency

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: PICK UP
 Payment Term: COD

Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
1	pc	KN95	30	185.00	5,550.00
4	pc	Thermal Scanner	15	3,700.00	55,500.00
5	pair	Eye Goggles	30	120.00	3,600.00
		Bank Charge:	1	250.00	250.00
					64,900.00
***** Purpose: for 1. PPE for campus daily disinfection activities for COVID- 19 Prevention 2. Conduct of Safety Inspection/ EHS Monitoring for COVID 19 prevention 3. Adhere to provision of DOH Circular no. 2020-0042					

(Total Amount in Words) Sixty Four Thousand Nine 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,

Conforme:

[Signature] 06/02/2020
GLISHER PHARMACY

(Signature over printed name & date)

Bank Account Name: ELIZA ROMBAOA
 Bank Account Number: 000910703272
 Bank Name: BDO
 Bank Address: BDO SM Tarlac

DR. GLENARD T. MADRIAGA
 VP, Admin. & Finance
 Authorized Official *[Signature]*

COMMISSION ON AUDIT
 RECEIVED
 By: *[Signature]* Date: 03 JUN 2020 Time: _____

Funds Available:
[Signature]
ELENA MAY T. VEOFILO
 OIC, Budget Office

ALOBS No. :
 Amount :

[Handwritten signature]
 6/24/2020