PURCHASE ORDER

Procurement Unit
Tel No.: 045-606-8110 local 157/142

DELIVERY DUE DATE: 11 MAY 2025

Supplier : **N.S YAMSUAN MEDICAL & DIAGNOSTIC SUPPLIES**
Address : 2117 Laon Laan COR. Crsisostomo STS Zone 051, Brgy. 518, Manila
Type of Business : Merchandising
TIN No. : 123-168-509-000 VAT Reg.
Tel. No. : 0975-575-9810

PR No.: 2025-01-039
PO No.: 2025-215
Date: 4/8/2025
Mode of Procurement: Shopping

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
1	box	**ANESTHESIA,** Lidocaine 50/box, 20% carpule	5	985.60	4,928.00
2	tube	**ANESTHESIA,** Lidocaine Hcl, Injection, 5 ml, exp date not less than 2 yrs	5	80.00	400.00
3	bottle	**ANESTHETIC,** topical anesthetic 29.6ml	2	400.00	800.00
6	tablet	**ANTACID,** Famotadine, Calcium Carbonate, Magnesium Hydroxide, Exp date not less than 2 yrs	600	21.97	13,182.00
7	tablet	**ANTACID,** Omeprazole, 40mgs., Exp date not less than 2 yrs	300	4.00	1,200.00
10	nebules	**ANTI-ASTHMA,** Ipratropium + Salbutamol	60	13.00	780.00
11	tablet	**ANTI ASTHMA,** Salbutamol Sulfate, Bromhexine HCl, guaifenesin, Exp date not less than 1 yr	800	16.96	13,568.00
12	nebules	**ANTI-ASTHMA,** Salbutamol, Nebules, Exp date not less than 1 1/2 yr	100	9.00	900.00
20	tube	**ANTIBIOTIC,** Silver Sulfadiazine, Exp date not less than 2 yrs	3	65.00	195.00
21	box	**ANTIBIOTIC,** Tranexamic Acid, 500mg., 100/box	4	450.00	1,800.00
24	capsule	**ANTIFIBRINOLYTIC,** Tranexamic Acid 500mg, Exp date not less than 2 yrs	400	5.00	2,000.00
32	vial	**ANTI-INFLAMMATORY,** Hydrocortisone Sodium succinate, 100 mg/2ml(Act-O-Vial), Exp date not less than 2 yrs	20	50.00	1,000.00
		Sub-total:			40,753.00

Warranty shall be for a perod 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 percentfor every day of delay shall be imposed.

COMMISSION ON AUDIT RECEIVED DATE: APR 11 2025 TARLAC STATE UNIVERSITY

Very truly yours,

DR. ARNOLD E. VELASCO
President
Authorized Official

Conforme:
NENITA SANTIAGO YAMSUAN
N.S YAMSUAN MEDICAL & DIAGNOSTIC SUPPLIES
(Signature over printed name & date)

Bank Account Name: N.S. YAMSUAN MEDICAL & DIAGNOSTIC SUPPLIES
Bank Account Number: 1431-1433-01
Bank Name: LANDBANK OF THE PHILIPPINES
Bank Address: TAYUMAN

Funds Available:

JASPER A. YAUDER, CPA
Budget Officer

ALOBS No. : 01-101101-2025-04-0433
Amount : ₱ 127782.20

PURCHASE ORDER

Procurement Unit
Tel No.: 045-606-8110 local 157/142

DELIVERY DUE DATE: 1 1 MAY 2025

Supplier : **N.S YAMSUAN MEDICAL & DIAGNOSTIC SUPPLIES**
Address : 2117 Laon Laan COR. Crsisostomo STS Zone 051, Brgy. 518, Manila
Type of Business : Merchandising
TIN No. : 123-168-509-000 VAT Reg.
Tel. No. : 0975-575-9810

PR No.: 2025-01-039
PO No.: 2025-215
Date: 4/8/2025
Mode of Procurement: Shopping

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
		Balance Forwarded:			**40,753.00**
34	tablet	**ANTIPYRETIC,** Paracetamol, 325 mgs, Exp date not less than 2 yrs	100	4.39	439.00
35	caplet	**ANTIPYRETIC,** Paracetamol, 500 mgs, Exp date not less than 2 1/2 yrs	2000	4.49	8,980.00
37	bottle (s)	**ANTISEPTIC SOLUTION,** Povidone-Iodine, 55g, dry powder spray 2.5% antiseptic, wound remedy, Exp date not less than 2 yrs	10	252.26	2,522.60
41	cap	**ANTITUSSIVE,** Dextromethorphan HBr, phenylephrine HCl, Paracetamol, Exp date not less than 2 yrs	600	8.51	5,106.00
45	tablet	**DECONGESTANT,** Phenylephrine Chlorphenamine, Paracetamol 10mg/2mg/500 (Bioflu), Exp date not less than 2 yrs	1000	8.44	8,440.00
47	tablet	**DECONGESTANT,** Phenylpropanolamine HCl, Brompheniramine Maleate, Exp date not less than 1yr	1000	8.79	8,790.00
50	bottle (s)	**EYE DROP,** Maxitrol, Exp date not less than 2 yrs	5	655.70	3,278.50
51	bottle (s)	**EYE DROP,** Tobramycin, Exp date not less than 2 yrs	10	150.00	1,500.00
52	bottle (s)	**EYE DROP,** Visine (red), Exp date not less than 2 yrs	5	93.00	465.00
53	bottle (s)	**EYE DROP,** Visine (refresh), Exp date not less than 2 yrs	10	182.37	1,823.70
		Subtotal:			**82,097.80**

Warranty shall be for a perod 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 percentfor every day of delay shall be imposed.

COMMISSION ON AUDIT RECEIVED DATE: APR 11 2025 TARLAC STATE UNIVERSITY

Very truly yours,

DR. ARNOLD E. VELASCO
President
Authorized Official

Conforme:
4/11/25
KEVIN CARLO D. CACANG
N.S YAMSUAN MEDICAL & DIAGNOSTIC SUPPLIES
(Signature over printed name & date)

Bank Account Name: N.S. YAMSUAN MEDICAL & DIAGNOSTIC SUPPLIES
Bank Account Number: 1431-1433-01
Bank Name: LANDBANK OF THE PHILIPPINES
Bank Address: TAYUMAN

Funds Available:

JASPER A. YAUDER, CPA
Budget Officer

ALOBS No.: 02-100101-2025-04-0933
Amount: ₱ 12978.20

PURCHASE ORDER

Procurement Unit
Tel No.: 045-606-8110 local 157/142

DELIVERY DUE DATE: 11 MAY 2025

Supplier : **N.S YAMSUAN MEDICAL & DIAGNOSTIC SUPPLIES**
Address : 2117 Laon Laan COR. Crsisostomo STS Zone 051, Brgy. 518, Manila
Type of Business : Merchandising
TIN No. : 123-168-509-000 VAT Reg.
Tel. No. : 0975-575-9810

PR No.: 2025-01-039
PO No.: 2025-215
Date: 4/8/2025
Mode of Procurement: Shopping

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
		Balance Forwarded:			**82,097.80**
55	bottle (s)	**OINTMENT,** Calamine + Dyphenhydramine, 30ml, Exp date not less than 2 yrs	10	166.50	1,665.00
60	bottle (s)	***OINTMENT,*** *Pain Killer, 120ml, Exp date not less than 2 yrs*	30	114.98	3,449.40
63	bottle	**PAIN RELIEVER,** Diclopenac Sodium Spray	20	585.00	11,700.00
65	softgel	**PAIN RELIEVER,** Ibuprofen, 200mg, Exp date not less than 1 yr	200	6.80	1,360.00
66	tube	**PAIN RELIEVER,** Ketoprofen Gel, Exp date not less than 2 yrs	20	463.00	9,260.00
67	amp	**PAIN RELIEVER,** Ketorolac, Exp date not less than 2 yrs	10	25.00	250.00
72	bottle (s)	**SOLUTION,** 0.9% Sodium Chloride Solution for Irrigation, 1000mL	10	100.00	1,000.00
73	bottle (s)	**SOLUTION,** 0.9% Sodium Chloride Solution for IV Infusion, 1000mL	3	100.00	300.00
74	bottle (s)	**SOLUTION,** 5% Dextrose in lactated ringer's solution for IV Infusion, 1000ml	3	100.00	300.00
76	bottle	**SOLUTION,** Normal Saline	2	100.00	200.00
		Sub-total:			**111,582.20**

Warranty shall be for a perod 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 percentfor every day of delay shall be imposed.

Very truly yours,

DR. ARNOLD E. VELASCO
President
Authorized Official

COMMISSION ON AUDIT RECEIVED DATE: APR 11 2025 TARLAC STATE UNIVERSITY

APR 10 2025

Conforme:

4/11/25

LOUIN CARLO D. CATUNGAL

N.S YAMSUAN MEDICAL & DIAGNOSTIC SUPPLIES
(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. : 01-101(01)-2025-04-0433
Amount : ₱127,582.20

PURCHASE ORDER

Procurement Unit
Tel No.: 045-606-8110 local 157/142

DELIVERY DUE DATE: 11 MAY 2025

Supplier : **N.S YAMSUAN MEDICAL & DIAGNOSTIC SUPPLIES**
Address : 2117 Laon Laan COR. Crsisostomo STS Zone 051, Brgy. 518, Manila
Type of Business : Merchandising
TIN No. : 123-168-509-000 VAT Reg.
Tel. No. : 0975-575-9810

PR No.: 2025-01-039
PO No.: 2025-215
Date: 4/8/2025
Mode of Procurement: Shopping

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
		Balance Forwarded:			**111,582.20**
77	bottle (s)	**SOLUTION,** Plain lactated ringer's, for IV Infusion, 1000mL	3	100.00	300.00
78	can (s)	**SPRAY,** Cool Spray 250ml (perskindol), Exp date not less than 2 yrs *warranty: 1 year*	30	530.00	15,900.00
		**********			**127,782.20**
		Purpose: Medicines - APP 2025			

(Total Amount in Words) One Hundred Twenty-Seven Thousand Seven Hundred Eighty-Two Pesos and Twenty Centavos Only

Warranty shall be for a perod 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 percentfor every day of delay shall be imposed.

Very truly yours,

DR. ARNOLD E. VELASCO
President

Conforme: 4/11/25 LEON CARLO B. CACANG

N.S YAMSUAN MEDICAL & DIAGNOSTIC SUPPLIES
(Signature over printed name & date)

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

COMMISSION ON AUDIT RECEIVED DATE: APR 11 2025 TARLAC STATE UNIVERSITY

Funds Available:

JASPER A. YAUDER, CPA
Budget Officer

ALOBS No. : 02-101101-2025-04-0138
Amount : ₱127,782.20

PURCHASE ORDER

Procurement Unit
Tel No.: 045-606-8110 local 157/142

DELIVERY DUE DATE: 11 MAY 2025

Supplier : **N.S YAMSUAN MEDICAL & DIAGNOSTIC SUPPLIES**
Address : 2117 Laon Laan COR, Crsisostomo STS Zone 051, Brgy. 518, Manila
Type of Business : Merchandising
TIN No. : 123-168-509-000 VAT Reg.
Tel. No. : 0975-575-9810

PR No.: 2025-01-039
PO No.: 2025-215
Date: 4/8/2025
Mode of Procurement: Shopping

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
1	box	**ANESTHESIA,** Lidocaine 50/box, 20% carpule	5	985.60	4,928.00
2	tube	**ANESTHESIA,** Lidocaine Hcl, Injection, 5 ml, exp date not less than 2 yrs	5	80.00	400.00
3	bottle	**ANESTHETIC,** topical anesthetic 29.6ml	2	400.00	800.00
6	tablet	**ANTACID, F**amotadine, Calcium Carbonate, Magnesium Hydroxide, Exp date not less than 2 yrs	600	21.97	13,182.00
7	tablet	**ANTACID,** Omeprazole, 40mgs., Exp date not less than 2 yrs	300	4.00	1,200.00
10	nebules	**ANTI-ASTHMA,** Ipratropium + Salbutamol	60	13.00	780.00
11	tablet	**ANTI ASTHMA,** Salbutamol Sulfate, Bromhexine HCI, guaifenesin, Exp date not less than 1 yr	800	16.96	13,568.00
12	nebules	**ANTI-ASTHMA,** Salbutamol, Nebules, Exp date not less than 1 1/2 yr	100	9.00	900.00
20	tube	**ANTIBIOTIC,** Silver Sulfadiazine, Exp date not less than 2 yrs	3	65.00	195.00
21	box	**ANTIBIOTIC,** Tranexamic Acid, 500mg,, 100/box	4	450.00	1,800.00
24	capsule	**ANTIFIBRINOLYTIC,** Tranexamic Acid 500mg, Exp date not less than 2 yrs	400	5.00	2,000.00
32	vial	**ANTI-INFLAMMATORY,** Hydrocortisone Sodium succinate, 100 mg/2ml(Act-O-Vial), Exp date not less than 2 yrs	20	50.00	1,000.00
		Sub-total:			**40,753.00**

Warranty shall be for a perod 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 percentfor every day of delay shall be imposed.

COMMISSION ON AUDIT RECEIVED APR 11 2025 DATE: TARLAC STATE UNIVERSITY

Very truly yours,

DR. ARNOLD E. VELASCO
President
APR 10 2025
Authorized Official

Conforme:

N.S YAMSUAN MEDICAL & DIAGNOSTIC SUPPLIES
(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. : 02-101101-2025-04-0433
Amount : ₱ 12778 2.20

PURCHASE ORDER

Procurement Unit
Tel No.: 045-606-8110 local 157/142

DELIVERY DUE DATE: 11 MAY 2025

Supplier : **N.S YAMSUAN MEDICAL & DIAGNOSTIC SUPPLIES**
Address : 2117 Laon Laan COR, Crsisostomo STS Zone 051, Brgy. 518, Manila
Type of Business : Merchandising
TIN No. : 123-168-509-000 VAT Reg.
Tel. No. : 0975-575-9810

PR No.: 2025-01-039
PO No.: 2025-215
Date: 4/8/2025
Mode of Procurement: Shopping

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
		Balance Forwarded:			**40,753.00**
34	tablet	**ANTIPYRETIC,** Paracetamol, 325 mgs, Exp date not less than 2 yrs	100	4.39	439.00
35	caplet	**ANTIPYRETIC,** Paracetamol, 500 mgs, Exp date not less than 2 1/2 yrs	2000	4.49	8,980.00
37	bottle (s)	**ANTISEPTIC SOLUTION,** Povidone-lodine, 55g, dry powder spray 2.5% antiseptic, wound remedy, Exp date not less than 2 yrs	10	252.26	2,522.60
41	cap	**ANTITUSSIVE,** Dextromethorphan HBr, phenylephrine HCI, Paracetamol, Exp date not less than 2 yrs	600	8.51	5,106.00
45	tablet	**DECONGESTANT,** Phenylephrine Chlorphenamine, Paracetamol 10mg/2mg/500 (Bioflu), Exp date not less than 2 yrs	1000	8.44	8,440.00
47	tablet	**DECONGESTANT,** Phenylpropanolamine HCI, Brompheniramine Maleate, Exp date not less than 1yr	1000	8.79	8,790.00
50	bottle (s)	**EYE DROP,** Maxitrol, Exp date not less than 2 yrs	5	655.70	3,278.50
51	bottle (s)	**EYE DROP,** Tobramycin, Exp date not less than 2 yrs	10	150.00	1,500.00
52	bottle (s)	**EYE DROP,** Visine (red), Exp date not less than 2 yrs	5	93.00	465.00
53	bottle (s)	**EYE DROP,** Visine (refresh), Exp date not less than 2 yrs	10	182.37	1,823.70
		Sub-total:			**82,097.80**

Warranty shall be for a perod 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 percentfor every day of delay shall be imposed.

COMMISSION ON AUDIT RECEIVED DATE APR 11 2025 TARLAC STATE UNIVERSITY

Very truly yours,

DR. ARNOLD E. VELASCO
President APR 10 2025
Authorized Official

Conforme:

N.S YAMSUAN MEDICAL & DIAGNOSTIC SUPPLIES
(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. : 02-100101-2025-04-0033
Amount : ₱ 12978 2.20

PURCHASE ORDER

Procurement Unit
Tel No.: 045-606-8110 local 157/142

DELIVERY DUE DATE: 11 MAY 2025

Supplier : **N.S YAMSUAN MEDICAL & DIAGNOSTIC SUPPLIES**
Address : 2117 Laon Laan COR. Crsisostomo STS Zone 051, Brgy. 518, Manila
Type of Business : Merchandising
TIN No. : 123-168-509-000 VAT Reg.
Tel. No. : 0975-575-9810

PR No.: 2025-01-039
PO No.: 2025-215
Date: 4/8/2025
Mode of Procurement: Shopping

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
		Balance Forwarded:			**82,097.80**
55	bottle (s)	**OINTMENT,** Calamine + Dyphenhydramine, 30ml, Exp date not less than 2 yrs	10	166.50	1,665.00
60	bottle (s)	**OINTMENT,** Pain Killer, 120ml, Exp date not less than 2 yrs	30	114.98	3,449.40
63	bottle	**PAIN RELIEVER,** Diclopenac Sodium Spray	20	585.00	11,700.00
65	softgel	**PAIN RELIEVER,** Ibuprofen, 200mg, Exp date not less than 1 yr	200	6.80	1,360.00
66	tube	**PAIN RELIEVER,** Ketoprofen Gel, Exp date not less than 2 yrs	20	463.00	9,260.00
67	amp	**PAIN RELIEVER,** Ketorolac, Exp date not less than 2 yrs	10	25.00	250.00
72	bottle (s)	**SOLUTION,** 0.9% Sodium Chloride Solution for Irrigation, 1000mL	10	100.00	1,000.00
73	bottle (s)	**SOLUTION,** 0.9% Sodium Chloride Solution for IV Infusion, 1000mL	3	100.00	300.00
74	bottle (s)	**SOLUTION,** 5% Dextrose in lactated ringer's solution for IV Infusion, 1000ml	3	100.00	300.00
76	bottle	**SOLUTION,** Normal Saline	2	100.00	200.00
		Sub-total:			**111,582.20**

Warranty shall be for a perod 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 percentfor every day of delay shall be imposed.

COMMISSION ON AUDIT RECEIVED DATE APR 11 2025 TARLAC STATE UNIVERSITY

Very truly yours,

DR. ARNOLD E. VELASCO
President APR 10 2025
Authorized Official

Conforme:

N.S YAMSUAN MEDICAL & DIAGNOSTIC SUPPLIES
(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. : 02-701001-2025-04-01933
Amount : ₱127,582.20

PURCHASE ORDER

Procurement Unit
Tel No.: 045-606-8110 local 157/142

DELIVERY DUE DATE: 11 MAY 2025

Supplier : **N.S YAMSUAN MEDICAL & DIAGNOSTIC SUPPLIES**
Address : 2117 Laon Laan COR, Crsisostomo STS Zone 051, Brgy. 518, Manila
Type of Business : Merchandising
TIN No. : 123-168-509-000 VAT Reg.
Tel. No. : 0975-575-9810

PR No.: 2025-01-039
PO No.: 2025-215
Date: 4/8/2025
Mode of Procurement: Shopping

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
		Balance Forwarded:			**111,582.20**
77	bottle (s)	**SOLUTION,** Plain lactated ringer's, for IV Infusion, 1000mL	3	100.00	300.00
78	can (s)	**SPRAY,** Cool Spray 250ml (perskindol), Exp date not less than 2 yrs *warranty: 1 year* ********** *Purpose: Medicines - APP 2025*	30	530.00	15,900.00
					127,782.20

(Total Amount in Words) One Hundred Twenty-Seven Thousand Seven Hundred Eighty-Two Pesos and Twenty Centavos Only

Warranty shall be for a perod 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 percentfor every day of delay shall be imposed.

COMMISSION ON AUDIT RECEIVED DATE APR 11 2025 TARLAC STATE UNIVERSITY

Very truly yours,

DR. ARNOLD E. VELASCO
President APR 10 2025
Authorized Official

Conforme:

N.S YAMSUAN MEDICAL & DIAGNOSTIC SUPPLIES
(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. : 12-101101-2025 04-0733
Amount : ₱127782.20