,						
		\bigcirc	0			
	1	PURCHASE ORDER				
Procurement Unit Tel. No.: 045-606-8110 local 157/142			DELIVERY DUE DATE: 1 6 MAY 202			
Supplier : Address : Type of Bus TIN No. :	HALO P 10-A Mal iness :	HARMACY Dini Avenue Victory Norte Isabela Merchandising 254-00000 VAT Reg.	PR No.: 2025-01-039 PO No.: 2025-213 Date: 4/8/2025 Mode of Procurement: Shopping			
Gentlemen: Please fu	irnish thi	s office the following articles subject to the terms and conditions con	tained herein:	The Course from the second		
		TARLAC STATE UNIVERSITY	<u>30 Calendar day</u> Delivery Term: Payment Term: <u>N/15</u>			
Item No.	Unit	Description	Quantity	Unit Cost	Total Co	
4	tablet	ANTACID, Aluminum Hydroxide, Magnesium Hydroxide, Simeticone, Exp. Date not less than 2yrs	700	8.00	5,600.00	
44	amp	ANTI-VOMITING, Metoclopramide, 10mg, Exp. Date not less than	5	16.00	80.00	
		2yrs ************************************			5.680.00	
		DATENAY C 2 202				
) Five Thousand Six Hundred Eighty Pesos Only				
Warran supplies. In cas imposed	ity shall be	e for a period minimum of Three (3) months for expendable supplies, or a n e to make full delivery within the time specified above, a penalty of one-ten	th (1/10) of one Very truly yours	R. ABROLD E. VI	lay of delay shall	
HALO PHAF	MACY r printed r	-16-25 *received email 5/2/25 name & date)	Authorized Official APR 1 1 2025			
Bank Account Bank Account Bank Name: Bank Address:						
Funds Available: IASPER A YAUDER, CPA Budget Officer No.: TSU-PRO-SF-09 Revision No. 03			ALOBS No. : \$2-101101- 2023 -04-04 Amount: \$ 5620-			
	1	Revision No. 03		August 24, 2020	Page 1 of 1	

· · ·						
	111	PURCHASE ORDER				
Procurement Unit Tel. No.: 045-606-8110 local 157/142			delivery due date: 1 6 MAY 2025			
		ocal 157/142 HARMACY		PR No.:	2025-01-039	
Address : <u>10-A Mabini Avenue Victory Norte Isabela</u> Type of Business : <u>Merchandising</u> TIN No. : <u>933-389-254-00000 VAT Reg.</u> Tel. No. : <u>0997-344-3571</u>			PO No.: Date: Mode of Procurement:		2025-213 4/8/2025 Shopping	
Gentlemen: Please fu		office the following articles subject to the terms and conditions cor	tained herein:			
Place of Delivery: Date of Delivery:		TARLAC STATE UNIVERSITY	Delivery Term: Payment Term:		<u>30 Calendar days</u> <u>N/15</u>	
Item No.	Unit	Description	Quantity	Unit Cost	Total Cost	
4	tablet	ANTACID, Aluminum Hydroxide, Magnesium Hydroxide,	700	8.00	5,600.00	
44	amp	Simeticone, Exp. Date not less than 2yrs ANTI-VOMITING, Metoclopramide, 10mg, Exp. Date not less than 2yrs	5	16.00	80.00	
Total Amoun	t in Words	**************************************			<u>5.680.00</u>	
Warra	nty shall be	e for a period minimum of Three (3) months for expendable supplies, or a i	ninimum perioc	l of one (1) Year fo	r non-expendable	
mposed	se of failur	e to make full delivery within the time specified above, a penalty of one-ter	Very truly yours, ODR. ABSTOLD E. VELASCO			
Conforme:			Authorized Official			
HALO PHAN Signature ove Bank Account Bank Account Bank Name:	r printed n Name:	ame & date)		ļ		
Bank Address:						
unds Availab			AL	OBS No. :		
JASPER A. YAUDER, CPA Budget Officer				iount :		
lo.: TSU-PRO-S	F-09	Revision No. 03	Effectivity Da	te: August 24, 2020	Page 1 of 1	