



Procurement Unit

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

PURCHASE ORDER

DELIVERY DUE DATE: 16 MAY 2025

Supplier: **HALO PHARMACY**
Address: **10-A Mabini Avenue Victory Norte Isabela**
Type of Business: **Merchandising**
TIN No.: **933-389-254-00000 VAT Reg.**
Tel. No.: **0997-344-3571**

PR No.: **2025-01-039**
PO No.: **2025-213**
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** Delivery Term: **30 Calendar days**
Date of Delivery: Payment Term: **N/15**

Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
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 2yrs ***** Purpose: Medicines APP-2025	5	16.00	80.00
					5,680.00



(Total Amount in Words) Five Thousand Six Hundred Eighty 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. ARNOLD E. VELASCO
President

Authorized Official

APR 11 2025

Conformed

HALO PHARMACY
04-16-25

*received email 5/2/25

HALO PHARMACY

(Signature over printed name & date)

Bank Account Name:

Bank Account Number:

Bank Name:

Bank Address:

Funds Available:

JASPER A. YAUDER, CPA
Budget Officer

ALOPS No.: **02-101101- 2025 -09-0942**

Amount: **₱ 5,680.-**



PURCHASE ORDER

Procurement Unit

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

DELIVERY DUE DATE: 16 MAY 2025

Supplier : **HALO PHARMACY**
Address : **10-A Mabini Avenue Victory Norte Isabela**
Type of Business : **Merchandising**
TIN No. : **933-389-254-00000 VAT Reg.**
Tel. No. : **0997-344-3571**

PR No.: **2025-01-039**
PO No.: **2025-213**
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			Delivery Term: 30 Calendar days		
Date of Delivery:			Payment Term: N/15		
Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
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 2yrs ***** <i>Purpose: Medicines APP-2025</i>	5	16.00	80.00
					5,680.00



(Total Amount in Words) Five Thousand Six Hundred Eighty 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

Conforme:

Very truly yours,

DR. ARNOLD E. VELASCO

President

Authorized Official

APR 11 2025

HALO PHARMACY

(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. :

Amount :