



PURCHASE ORDER

Procurement Unit
Tel. No: 045-606-8142 / 606-8157

DELIVERY DUE DATE: 3/15/24

Supplier: **SHIELD DRUGSTORE AND MEDIMARKETING CORPORATION** PR No.: 2023-12-492
 Address: **50 Ancheta St. Cor. Bucaneg St. Catbangen, San Fernando City, La Union** PO No.: 2024-096
 Type of Business: **Merchandising** Date: 2/2/2024
 TIN No.: **771-137-537-000 VAT Reg.** Mode of Procurement: **Small Value**
 Tel. No.: **0917-729-8659 / (072) 619-2343**


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
4	tablet	DECONGESTANT, Phenylephrine chlorphenamine, Paracetamol 10mg/2mg/500 (Exp. Date not less than 2 yrs)	1000	6.75	6,750.00
5	tablet	ANTIHISTAMINE, Loratadine, 10mg (Exp. Date not less than 1 1/2 yrs)	800	4.00	3,200.00
7	tablet	ANTACID, Famotadine, Calcium Carbonate, Magnesium Hydroxide (Exp. Date not less than 1 1/2 yrs)	600	21.75	13,050.00
8	tablet	ANTACID, Famotadine, Calcium Carbonate, Magnesium Hydroxide (Exp. Date not less than 1 1/2 yrs)	300	21.75	6,525.00
12	tablet	ANTITUSSIVE, Dextromethorphan HBr, phenylephrine HCl, Paracetamol (Exp. Date not less than 1 1/2 yrs)	3000	10.50	31,500.00
13	cap	VITAMINS, Ascorbic Acid/Sodium Ascorbate	1200	3.50	4,200.00
14	cap	ANTITUSSIVE, Dextromethorphan HBr, phenylephrine HCl, Paracetamol (Exp. Date not less than 1 1/2 yrs)	1000	10.50	10,500.00
16	capsule	DIETARY SUPPLEMENTARY, Multi vitamins (Exp. Date not less than 1 1/2 yrs)	1000	2.50	2,500.00
21	ampule	PAIN RELIEVER, Tramadol, solution, for injection (Exp. Date not less than 1 1/2 yrs)	30	45.00	1,350.00
<i>Sub-total:</i>					79,575.00


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: 
AARON G. CABRERA 2/14/2024
 SALES REPRESENTATIVE

Very truly yours,

DR. GRACE M. ROSETE
 Vice President for Administration

SHIELD DRUGSTORE AND MEDIMARKETING CORPORATION
 (Signature over printed name & date)
 Bank Account Name: _____
 Bank Account Number: _____
 Bank Name: _____
 Bank Address: _____



Funds Available:

JASPER A. YAUDER, CPA
 Budget Officer

ALUBS No.: 12-1000-2024-01-017
 Amount: ₱(9113)20



PURCHASE ORDER

Procurement Unit
Tel. No. 645-606-8142 / 606-8157

DELIVERY DUE DATE 3/15/24

Supplier: SHIELD DRUGSTORE AND MEDIMARKETING CORPORATION	PR No: 2023-12-492
Address: 50 Ancheta St. Cor. Bucinas St. Calibangan, San Fernando City, La Union	PO No: 2024-096
Type of Business: Merchandising	Date: 2/7/2024
TIN No: 771-137-537-000 VAT Reg.	Mode of Procurement: Small Value
Tel. No: 0917-729-8659 / (072) 619-2343	

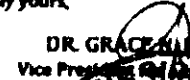
Gentlemen:
Please furnish this office the following articles subject to the terms and conditions contained herein.

Place of Delivery: TARLAC STATE UNIVERSITY	Delivery Term: 30 Calendar Days
Date of Delivery:	Payment Term: N/30

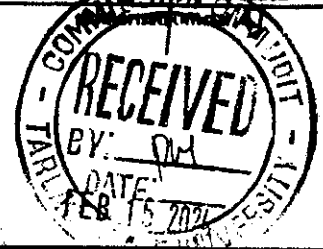
Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
Balance Forwarded:					79,575.00
22	amp.	ANTIHISTAMINE, Diphenhydramine (Exp. Date not less than 1 1/2 yrs)	40	66.00	2,640.00
23	ampule	PAIN RELIEVER, Ketorolac (Exp. Date not less than 1 1/2 yrs)	20	75.00	1,500.00
24	tablet	ANTI-ASTHMA, Doxofylline, 200mg (Exp. Date not less than 1 1/2 yrs)	300	15.75	4,725.00
25	tablet	ANTACID, Ranitidine HCl, Raneteln 150mg (Exp. Date not less than 1 1/2 yrs)	200	4.50	900.00
26	tablet	RACECADOTRIIL, 100mg (Hidrasec)	400	54.00	21,600.00
27	box	GLOVES, Disposable, nitrile, powder free, large (Exp. Date not less than 3 yrs)	10	270.00	2,700.00
29	piece	GLOVES, Sterile, size 7.5 (Exp. Date not less than 3 yrs)	15	31.08	466.20
30	piece	ELASTIC BANDAGE, Brown 4"	100	40.00	4,000.00
31	piece	ELASTIC BANDAGE, Brown 2"	100	24.00	2,400.00
34	pack	COTTON, Rolls, pure and absorbent cotton 150pcs/pack	15	43.25	648.75
<i>Sub-total:</i>					121,154.95

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: 
AARON G. CABRERA
 SALES REPRESENTATIVE 2/14/2024

Very truly yours,

DR. GRACE ROSETE
 Vice President for Administration

SHIELD DRUGSTORE AND MEDIMARKETING CORPORATION
 (Signature over printed name & date)
 Bank Account Name: _____
 Bank Account Number: _____
 Bank Name: _____
 Bank Address: _____



Funds Available:

JASPER A. KRUDER, CPA
 Budget Officer

ALOBS No.: **2024-01-01-01**
 Amount: **P191119.20**



PURCHASE ORDER

Procurement Unit
Tel. No: 045-606-8142 / 606-8157

DELIVERY DUE DATE: 3/15/24

Supplier: SHIELD DRUGSTORE AND MEDIMARKETING CORPORATION	PR No.: 2023-12-492
Address: 50 Ancheta St. Cor. Bucana St. Cuthangon, San Fernando City, La Union	PO No.: 2024-096
Type of Business: Merchandising	Date: 2/2/2024
TIN No.: 771-137-537-000 VAT Reg.	Mode of Procurement: Small Value
Tel. No.: 0917-729-8659 / (072) 619-2343	

Gentlemen:

Please furnish this office the following articles subject to the terms and conditions contained herein:

Place of Delivery: TARLAC STATE UNIVERSITY	Delivery Term: 20 Calendar Days
Date of Delivery:	Payment Term: N/10

Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
Balance Forwarded:					121,154.95
35	bottle	ANTISEPTIC SOLUTION, Povidone-Iodine, 120ml solution (Exp. Date not less than 1 1/2 yrs)	10	277.00	2,770.00
38	tube	PAIN RELIEVER, Ketoprofen Gel (Exp. Date not less than 2 yrs)	20	689.50	13,790.00
39	bottle	SOLUTION, 0.9% Sodium Chloride Solution for IV infusion, 1000ml (Exp. Date not less than 3 yrs)	3	110.00	330.00
44	bottle	OINTMENT, Calamine + Diphenhydramine, 30ml (Exp. Date not less than 2 yrs)	5	163.45	817.25
45	tablet	ANTI-INFLAMMATORY, Corticosteroids, Prednisone, 20mg	200	5.50	1,100.00
46	tablet	ANTI-VERTIGO, Meclizine (Exp. Date not less than 2 yrs)	300	13.67	4,101.00
47	tablet	ANTACID, Domperidone (Exp. Date not less than 1 1/2 yrs)	300	3.00	900.00
48	cap	PAIN RELIEVER, Ibuprofen + Paracetamol 500mg/325mg (Exp. Date not less than 2 yrs)	300	8.50	2,550.00
50	tablet	ANTI-VOMITING, Metoclopramide 10mg (Exp. Date not less than 1 1/2 yrs)	300	3.00	900.00
<i>Sub-total:</i>					148,413.20

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.

Confirms:

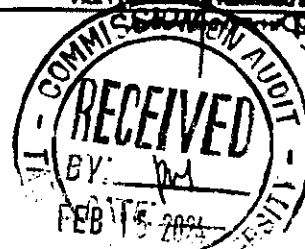
[Signature]
MARON G. CABRES 2/14/2024
SALES REPRESENTATIVE

Very truly yours,

DR. GRACE N. ROSETE
Vice President for Administration

SHIELD DRUGSTORE AND MEDIMARKETING CORPORATION
(Signature over printed name & date)

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



Funds Available:
[Signature]
JASPER A. VALDER, CPA
 Budget Officer

ALOPS No.: 02-1101-2024-01-0197
Amount: P191,113.20

No: TSU-PRO-SF-07

Revision No. 01

Effectivity Date: August 24, 2020

Page 3 of 6



PURCHASE ORDER

Procurement Unit
Tel. No.: 043-606-8142 / 606-8157

DELIVERY DUE DATE: 3/15/24

Supplier: **SHIELD DRUGSTORE AND MEDIMARKETING CORPORATION**
Address: **50 Ancheta St. Cor. Hucaneg St. Catbangen, San Fernando City, La Union**
Type of Business: **Merchandising**
TIN No.: **771-137-537-000 VAT Reg.**
Tel. No.: **0917-729-8659 / (072) 619-2343**

PR No: **2023-12-492**
PO No: **2024-096**
Date: **2/2/2024**
Mode of Procurement: **Small Estate**

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/L/D**

Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
Balance Forwarded:					148,413.28
55	bottle	ANTISEPTIC SOLUTION, Povidone-Iodine, 55g, dry powder spray, 2.5% antiseptic, wound remedy (Exp. Date not less than 1 1/2 yrs)	10	275.00	2,750.00
57	sachet	MYTRA E 400 IU	1000	12.50	12,500.00
58	tablet	BINDGENC, 500mg	3000	4.25	12,750.00
59	capsule	SANGOBION CAPSULE	600	24.00	14,400.00
60	tablet	ATORVASTATIN CALCIUM, 20mg	100	3.00	300.00
<i>Purpose: Medical Equipment, Supplies and Medicines</i>					191,113.28

(Total Amount in Words) One Hundred Ninety-One Thousand One Hundred Thirteen Pesos and Twenty Centavos 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.

Confirm:

[Signature]
AARON G. CABRERA
SALES REPRESENTATIVE

2/1/2024

Very truly yours,

[Signature]
DR. GRACE M. ROSETE
Vice President for Administration

SHIELD DRUGSTORE AND MEDIMARKETING CORPORATION

(Signature over printed name & date)

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



Funds Available:

[Signature]
JASPER A. VALDER, CPA
Budget Officer

FEB 15 2024
ALOS No. 2024-096-10-213
Amount: ₱ 191,113.28

DL: TDU-PRU-SP-07

Revision No. 03

Effectivity Date: August 24, 2020

Page: 2 of 2



PURCHASE ORDER

Procurement Unit
Tel. No.: 045-606-8142/ 606-8157

DELIVERY DUE DATE: 3/15/24

Supplier : SHIELD DRUGSTORE AND MEDIMARKETING CORPORATION	PR No.:	<u>2023-12-492</u>
Address : <u>50 Ancheta St. Cor. Bucaneg St. Catbangan, San Fernando City, La Union</u>	PO No.:	<u>2024-096</u>
Type of Business : <u>Merchandising</u>	Date:	<u>2/2/2024</u>
TIN No. : <u>771-137-537-000 VAT Reg.</u>	Mode of Procurement:	<u>Small Value</u>
Tel. No. : <u>0917-729-8659/ (072) 619-2343</u>		

Gentlemen:

Please furnish this office the following articles subject to the terms and conditions contained herein:

Place of Delivery: TARLAC STATE UNIVERSITY	Delivery Term: <u>30 Calendar days</u>
Date of Delivery:	Payment Term: <u>N/30</u>

Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
4	tablet	DECONGESTANT , Phenylephrine chlorphenamine, Paracetamol 10mg/2mg/500 (Exp. Date not less than 2 yrs)	1000	6.75	6,750.00
5	tablet	ANTIHISTAMINE , Loratadine, 10mg (Exp. Date not less than 1 1/2 yrs)	800	4.00	3,200.00
7	tablet	ANTACID , Famotadine, Calcium Carbonate, Magnesium Hydroxide (Exp. Date not less than 1 1/2 yrs)	600	21.75	13,050.00
8	tablet	ANTACID , Famotadine, Calcium Carbonate, Magnesium Hydroxide (Exp. Date not less than 1 1/2 yrs)	300	21.75	6,525.00
12	tablet	ANTITUSSIVE , Dextromethorphan HBr, phenylephrine HCl, Paracetamol (Exp. Date not less than 1 1/2 yrs)	3000	10.50	31,500.00
13	cap	VITAMINS , Ascorbic Acid/Sodium Ascorabte	1200	3.50	4,200.00
14	cap	ANTITUSSIVE , Dextromethorphan HBr, phenylephrine HCl, Paracetamol (Exp. Date not less than 1 1/2 yrs)	1000	10.50	10,500.00
16	capsule	DIETARY SUPPLEMENTARY , Multi vitamins (Exp. Date not less than 1 1/2 yrs)	1000	2.50	2,500.00
21	ampule	PAIN RELIEVER , Tramadol, solution, for injection (Exp. Date not less than 1 1/2 yrs)	30	45.00	1,350.00
<i>Sub-total:</i>					79,575.00

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 N. ROSETE
Vice President for Administration

Conforme:

SHIELD DRUGSTORE AND MEDIMARKETING CORPORATION

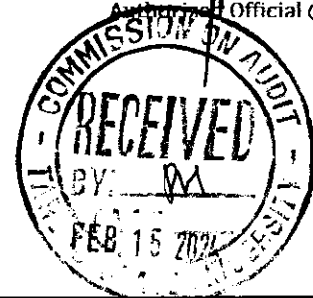
(Signature over printed name & date)

Bank Account Name: _____

Bank Account Number: _____

Bank Name: _____

Bank Address: _____



Funds Available:

JASPER A. YAUDER, CPA
Budget Officer

ALOBS No. : 02-101101-2024-02-0197
Amount : ₱191,115.20



PURCHASE ORDER

Procurement Unit

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

DELIVERY DUE DATE: 3/15/24

Supplier: **SHIELD DRUGSTORE AND MEDIMARKETING CORPORATION**

Address: **50 Ancheta St. Cor. Bucaneg St. Catbangan, San Fernando City, La Union**

Type of Business: **Merchandising**

TIN No.: **771-137-537-000 VAT Reg.**

Tel. No.: **0917-729-8659 / (072) 619-2343**

PR No.: **2023-12-492**

PO No.: **2024-096**

Date: **2/2/2024**

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**

Date of Delivery:

Delivery Term: **30 Calendar days**

Payment Term: **N/30**

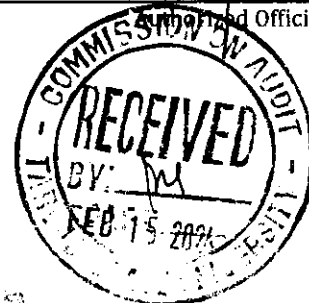
Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
Balance Forwarded:					79,575.00
22	amp.	ANTI-HISTAMINE , Diphenhydramine (Exp. Date not less than 1 1/2 yrs)	40	66.00	2,640.00
23	ampule	PAIN RELIEVER , Ketorolac (Exp. Date not less than 1 1/2 yrs)	20	75.00	1,500.00
24	tablet	ANTI-ASTHMA , Doxofylline, 200mg (Exp. Date not less than 1 1/2 yrs)	300	15.75	4,725.00
25	tablet	ANTACID , Ranitidine HCl, Ranetein 150mg (Exp. Date not less than 1 1/2 yrs)	200	4.50	900.00
26	tablet	RACECADOTRIL , 100mg (Hidrasec)	400	54.00	21,600.00
27	box	GLOVES , Disposable, nitrile, powder free, large (Exp. Date not less than 3 yrs)	10	270.00	2,700.00
29	piece	GLOVES , Sterile, size 7.5 (Exp. Date not less than 3 yrs)	15	31.08	466.20
30	piece	ELASTIC BANDAGE , Brown 4"	100	40.00	4,000.00
31	piece	ELASTIC BANDAGE , Brown 2"	100	24.00	2,400.00
34	pack	COTTON , Balls, pure and absorbent cotton 150pcs/pack	15	43.25	648.75
<i>Sub-total:</i>					121,154.95

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:

SHIELD DRUGSTORE AND MEDIMARKETING CORPORATION

(Signature over printed name & date)

Bank Account Name: _____

Bank Account Number: _____

Bank Name: _____

Bank Address: _____

Documents Available: _____

JASPER A. YAUDER, CPA
Budget Officer

ALOBS No.: **02-10101-2024-02-0197**

Amount: **₱ 191,113.20**



PURCHASE ORDER

Procurement Unit
Tel. No.: 045-606-8142/ 606-8157

DELIVERY DUE DATE: 3/15/24

Supplier : **SHIELD DRUGSTORE AND MEDIMARKETING CORPORATION** PR No.: **2023-12-492**
 Address : **50 Ancheta St. Cor. Bucaneg St. Catbangan, San Fernando City, La Union** PO No.: **2024-096**
 Type of Business : **Merchandising** Date: **2/2/2024**
 TIN No. : **771-137-537-000 VAT Reg.** Mode of Procurement: **Small Value**
 Tel. No. : **0917-729-8659/ (072) 619-2343**

Gentlemen:
Please furnish this office the following articles subject to the terms and conditions contained herein:

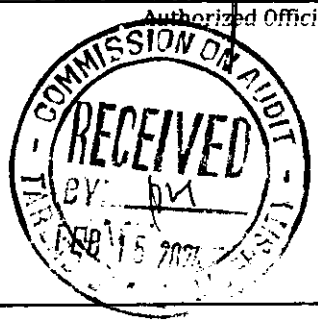
Place of Delivery: **TARLAC STATE UNIVERSITY** Delivery Term: **30 Calendar days**
 Date of Delivery: _____ Payment Term: **N/30**

Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
Balance Forwarded:					121,154.95
35	bottle	ANTISEPTIC SOLUTION , Povidone-Iodine, 120ml solution (Exp. Date not less than 1 1/2 yrs)	10	277.00	2,770.00
38	tube	PAIN RELIEVER , Ketoprofen Gel (Exp. Date not less than 2 yrs)	20	689.50	13,790.00
39	bottle	SOLUTION , 0.9% Sodium Chloride Solution for IV infusion, 1000ml (Exp. Date not less than 3 yrs)	3	110.00	330.00
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46	tablet	ANTI-VERTIGO , Meclizine (Exp. Date not less than 2 yrs)	300	13.67	4,101.00
47	tablet	ANTACID , Domperidone (Exp. Date not less than 1 1/2 yrs)	300	3.00	900.00
48	cap	PAIN RELIEVER , Ibuprofen + Paracetamol 500mg/325mg (Exp. Date not less than 2 yrs)	300	8.50	2,550.00
50	tablet	ANTI-VOMITING , Metoclopramide 10mg (Exp. Date not less than 1 1/2 yrs)	300	3.00	900.00
<i>Sub-total:</i>					148,413.20

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 N. ROSETE
Vice President for Administration

Conforme:
SHIELD DRUGSTORE AND MEDIMARKETING CORPORATION
 Signature over printed name & date)
 Bank Account Name: _____
 Bank Account Number: _____
 Bank Name: _____
 Bank Address: _____



Funds Available:
JASPER A. YATIDER, CPA
Budget Officer

ALOBS No.: **02-161101-0024-02-0197**
 Amount: **₱ 141,113.20**



PURCHASE ORDER

DELIVERY DUE DATE: 3/15/24

Procurement Unit
Tel. No.: 045-606-8142/ 606-8157

Supplier: **SHIELD DRUGSTORE AND MEDIMARKETING CORPORATION**
Address: **50 Ancheta St. Cor. Bucaneg St. Catbangen, San Fernando City, La Union**
Type of Business: **Merchandising**
TIN No.: **771-137-537-000 VAT Reg.**
Tel. No.: **0917-729-8659/ (072) 619-2343**

PR No.: **2023-12-492**
PO No.: **2024-096**
Date: **2/2/2024**
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
Balance Forwarded:					148,413.20
55	bottle	ANTISEPTIC SOLUTION, Povidone-Iodine, 55g, dry powder spray, 2.5% antiseptic, wound remedy (Exp. Date not less than 1 1/2 yrs)	10	275.00	2,750.00
57	softgel	MYRA E 400 IU	1000	12.50	12,500.00
58	tablet	BIOGESIC, 500mg	3000	4.25	12,750.00
59	capsule	SANGOBION CAPSULE	600	24.00	14,400.00
60	tablet	ATORVASTATIN CALCIUM, 20mg	100	3.00	300.00
***** Purpose: Medical Equipment, Supplies and Medicines					191,113.20

(Total Amount in Words) One Hundred Ninety-One Thousand One Hundred Thirteen Pesos and Twenty Centavos 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,

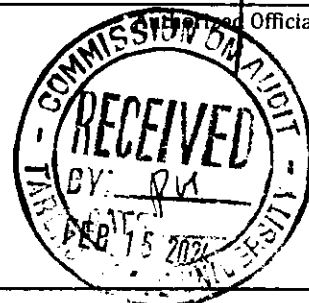
DR. GRACE N. ROSETE
Vice President for Administration
Official

Conforme:

SHIELD DRUGSTORE AND MEDIMARKETING CORPORATION

(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.: **02-10101-2024-02-0197**
Amount: **₱ 191,113.20**