



# PURCHASE ORDER

Procurement Unit  
Telefax No.: 045-982-4630

**DELIVERY DUE DATE:** 4-12-23

Supplier : **HERMANA PHARMACY**  
Address : Hospital Drive, San Vicente, Tarlac City  
Type of Business : Merchandising  
TIN No. : 446-613-036-000  
Tel. No. : 0916-2889-5883/0931-855-5005/0927-666-9676

PR No.: 2023-02-082  
PO No.: 2023-126  
Date: 03/21/2023  
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: 20 calendar days  
Payment Term: n/15

Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
1	bottle(s)	<b>OINTMENT, Pain Killer, 120ml, Omega</b> ***** <i>Purpose: for SCUAA 2023</i>	100	140.00	<b><u>14,000.00</u></b>

(Total Amount in Words) Fourteen Thousand 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. GRACE N. ROSETE**  
Vice President for Administration  
Authorized Official

Conforme:  
  
**HERMANA PHARMACY** 3/23/23  
(Signature over printed name & date)

COMMISSION ON AUDIT TSU  
**RECEIVED**  
MAR 23 2023  
F. S. 6 2023

Bank Account Name: \_\_\_\_\_  
Bank Account Number: \_\_\_\_\_  
Bank Name: \_\_\_\_\_  
Bank Address: \_\_\_\_\_

Funds Available:  
  
**JASPER A. YAUDER, CPA**  
Budget Officer

ALOBS No. : 02-206441-2023-03-067  
Amount : 14,000.00