



# PURCHASE ORDER

Procurement Unit

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

**DELIVERY DUE DATE:** 7/25/2021

Supplier : **IUSTRIGHT HEALTHCARE INC.**  
 Address : **4089 Ramon Magsaysay Blvd., Brgy. 586 Zone 57 District IV, Sta Mesa, City of Manila**  
 Type of Business : **Merchandising**  
 TIN No. : **009-746-190-000 VAT Reg**  
 Tel. No. : **0908-894-6103**

PR No.: **2021-02-052**  
 PO No.: **2021-194**  
 Date: **6/17/2021**  
 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/30**

Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
5	Tablet	AMLODIPINE, Ambloc 5mg tablet	100	9.00	900.00
10	Capsule	CIPROFLOXAIN, Ciclodin 500mg Film coated tablet	<del>1000</del> 100	30.00	<del>30,000.00</del> 3,000.00
***** Purpose: For PPMP 2021 - Medicine					<del>3,900.00</del> 30,900.00

(Total Amount in Words) Three Thousand Nine Hundred 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. ARMEL N. ROSEL**  
 VP, Research & Extension Services  
 Authorized Official

Conforme:   
 6/25/2021  
**IUSTRIGHT HEALTHCARE INC.**  
 (Signature over printed name & date)

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

COMMISSION ON AUDIT - TSU  
**RECEIVED**  
 By: Date: 25 JUN 2021

Funds Available:  
  
**ELENA M. T. TEOFILO**  
 HEAD, Budget Office

ALOBS No.: 02-101101-21-06-0358  
 Amount: ₱ 2,900

de posted 6/25/21



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VP, Research & Extension Services  
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(Signature over printed name & date)  
Bank Account Name: \_\_\_\_\_  
Bank Account Number: \_\_\_\_\_  
Bank Name: \_\_\_\_\_  
Bank Address: \_\_\_\_\_

MISSION ON AUDIT (TSU)  
**RECEIVED**  
Date: 25 JUN 2021

Funds Available:  
  
**ELENA MAY S. TEOFILO**  
HEAD, Budget Office

ALOBS No. :  
Amount :