



PURCHASE ORDER

DELIVERY DUE DATE: 01-04-2020

Procurement Unit

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

Supplier : **GACN ENTERPRISES**

Address : Ilang-Ilang St. San Vicente, Tarlac City

TIN#: 245-990-975-000 VAT Reg.

Tel. No. : 0933-129-4370

PR No.: 2019-10-388

PO No.: 2019-764

Date: 11/22/2019

Mode of Procurement: Small Value

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					184,920.00
61	tube	ANESTHESIA, Lidocaine Hcl, injection 5ml	10	100.00	1,000.00
62	tablet	ANTACID, Domper-done (Merdifon)	50	14.80	740.00
63	tablet	ANTACID, Famotadine, Calcium Carbonate, Magnesium Hydroxide (Kremil-S Advance)	700	25.00	17,500.00
64	tablet	ANTI-ASTHMA, Salbutamol Sulfate, Bromhexine HCl, Guaifenesin (Ventobrox)	300	17.50	5,250.00
67	tablet	ANTIHISTAMINE, Loratadine, 10mg (Lorarex)	3000	17.50	52,500.00
68	cap	ANTI-INFLAMMATORY, Celecoxib, 400mgs. (Sele Cap 400)	1000	38.00	38,000.00
71	bottle	ANTISEPTIC SOLUTION, Povidone-Iodine, 120ml solution	30	220.00	6,600.00
72	box	ANTISEPTIC SOLUTION, Povidone-Iodine, Swabstick. 50pcs/box	5	600.00	3,000.00
73	tablet	ANTI-VOMITING, Metoclopramide, 10mg	50	19.50	975.00
74	amp	ANTI-VOMITING, Metoclopramide, 10mg	10	98.00	980.00
76	capsule	CAPSULES, Clydamycin, 300mgs (Kylezine)	1000	54.45	54,450.00
77	tablet	CAPTOPRIL, (Angiotensin Converting Enzyme) 25mgs (Hyperstop)	50	14.75	737.50
78	cap	CEFALEXIN, 500mgs. (Exel)	500	11.85	5,925.00
79	cap	CELECOXIB, 200mgs. (Celix-200)	500	24.00	12,000.00
Sub-Total					384,577.50

(Total Amount in Words)

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. GLENARD T. MADRIAGA

VP, Admin. & Finance

Authorized Official

Conforme:

GACN ENTERPRISES

(Signature over printed name & date)

Bank Account Name: _____

Bank Account Number: _____

Bank Name: _____

Bank Address: _____

Funds Available:

JESUS S. DANGANAN

Budget Officer

ALOBS No. :

Amount :





PURCHASE ORDER

DELIVERY DUE DATE: 01-04-2020

Procurement Unit

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

Supplier : **GACN ENTERPRISES**
Address : Ilang-Ilang St., San Vicente, Tarlac City
TIN#: 245-990-975-000 VAT Reg.
Tel. No. : 0933-129-4370

PR No.: 2019-10-388
PO No.: 2019-764
Date: 11/22/2019
Mode of Procurement: Small Value

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			384,577.50
80	tablet	DECONGESTANT, Phenylephrine, Chlorphenamine, Paracetamol 10mg/2mg/500 (Neozep)	1000	10.00	10,000.00
81	tablet	DIETARY SUPPLEMENTARY, Vitamin B Complex	100	6.50	650.00
84	cap	IBUPROPEN, + Paracetamol 500mgs (Alaxan FR)	600	12.00	7,200.00
85	cap	LOPERAMIDE, 2mg (Diatabs)	300	25.00	7,500.00
86	tablet	MECLIZINE, Dizitab	300	14.50	4,350.00
87	tube	MOMETASONE FUROATE, 1mg/g	5	498.00	2,490.00
92	cap	OMEPRAZOLE, (Proton pump inhibitors) 20mgs	300	25.00	7,500.00
93	bottle	PAIN KILLER, Omega Pain Killer, 120ml, Pro	75	135.00	10,125.00
94	cap	PAIN KILLER, Omeprazole, 40mgs.	300	100.00	30,000.00
95	cap	PAIN RELIEVER, Ibuprofen + Paracetamol (Alaxan FR)	600	12.00	7,200.00
96	amp	PAIN RELIEVER, Ketorolac (Ketopain)	15	115.00	1,725.00
97	amp	PAIN RELIEVER, Tramadol, Solution, for injection (Ambidol)	15	96.00	1,440.00
98	tablet	PHENYLEPHRINE HCL, Chlorphenamine Maleate,	500	19.75	9,875.00
100	cap	RACECADOTRIL, 100mgs	500	50.00	25,000.00
		Sub-Total			509,632.50

(Total Amount in Words)

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. GLENARD T. MADRIAGA
VP, Admin. & Finance

Authorized Official

Conforme:

GACN ENTERPRISES

(Signature over printed name & date)

Bank Account Name: _____

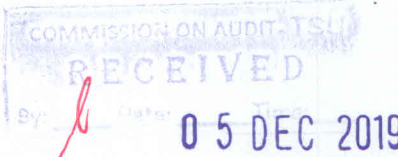
Bank Account Number: _____

Bank Name: _____

Bank Address: _____

Funds Available:

JESUS S. DANGANAN
Budget Officer



ALOBS No. :
Amount :



PURCHASE ORDER

DELIVERY DUE DATE: 01-04-2020

Procurement Unit

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

Supplier : **GACN ENTERPRISES**

Address : Ilang-Ilang St., San Vicente, Tarlac City

TIN#: 245-990-975-000 VAT Reg.

Tel. No. : 0933-129-4370

PR No.: 2019-11-388

PO No.: 2019-764

Date: 11/22/2019

Mode of Procurement: Small Value

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			509,632.50
101	tablet	RANITIDINE, Hcl 150mg (Contraacid)	200	45.50	9,100.00
102	tablet	SALBUTAMOL, 2mg+bromhexine hcl+guaifenesin 100mgs (Ventobrox)	500	17.50	8,750.00
103	vial	SOLU-CORTEF, Hydrocortisone sodium succinate, 100mg/2ml	30	449.85	13,495.50
105	tablet	TABLET, Hysoscine N-Butylbromide + Paracetamol, 10mg/500mg	500	35.00	17,500.00
106	amp	VACCINE, Tetanus Toxoid, Vaccine ***** Purpose: Medical Supplies - 3rd Quarter (APP 2019)	25	180.00	4,500.00
					<u>562,978.00</u>

(Total Amount in Words) Five Hundred Sixty Two Thousand Nine Hundred Seventy Eight 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. GLENARD T. MADRIAGA
VP, Admin. & Finance

Authorizer: Official

Conforme:

GACN ENTERPRISES

(Signature over printed name & date)

Bank Account Name: _____

Bank Account Number: _____

Bank Name: _____

Bank Address: _____

Funds Available:

JESUS S. DANGANAN
Budget Officer

ALOPS No. :

Amount :

