



PURCHASE ORDER

DELIVERY DUE DATE: **27 FEB 2025**

Procurement Unit
Tel. No. 083-676-8141, 606-8117

Supplier: **AFFORDACARE PLUS TRADING**
Address: **Suria St., Old Sta. Maria Village, Haliwagan, Angeles City, Pampanga**
Type of Business: **Merchandising**
TIN No.: **190-786-482-001 VAT Reg.**
Tel No.: **0943-516-9750**

PR No.: **2024-09-162**
PO No.: **2025-037**
Date: **1/21/2025**
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
43	tube	EYE DROP , Maxitrol, Exp. Date not less than 1 1/2 years	5	600.00	3,000.00
64	bottle (s)	SPRAY , Cool Spray 250ml, Exp. Date not less than 1 1/2 years	30	650.00	19,500.00
***** Purpose: Medicines - APP 3rd Quarter 2024					22,500.00

②

(Total Amount in Words) Twenty-Two Thousand Five 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. ARNOLD E. VELASCO

President

Authorized Official

Conforme:

[Signature] 1/28/25

AFFORDACARE PLUS TRADING

(Signature over printed name & date)

Bank Account Name: **AFFORDACARE PLUS TRADING**
Bank Account Number: **008763025293**
Bank Name: **BPI**
Bank Address: **CLARK**



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

ALOBS No.: **11-206441-2025-01-0323**
Amount: **₱22,500**



PURCHASE ORDER

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

DELIVERY DUE DATE: 27 FEB 2025

Supplier: **AFFORDACARE PLUS TRADING**
Address: Surla St., Old Sta. Maria Village, Balibago, Angeles City, Pampanga
Type of Business: Merchandising
TIN No.: 190-786-482-001 VAT Reg.
Tel. No.: 0943-516-9750

PR No.: 2024-09-362
PO No.: 2025-037
Date: 1/21/2025
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
43	tube	EYE DROP, Maxitrol, Exp. Date not less than 1 1/2 years	5	600.00	3,000.00
64	bottle (s)	SPRAY, Cool Spray 250ml, Exp. Date not less than 1 1/2 years	30	650.00	19,500.00
***** Purpose: Medicines - APP 3rd Quarter 2024					<u>22,500.00</u>

(Total Amount in Words) Twenty-Two Thousand Five 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. ARNOLD E. VELASCO
President

Authorized Official

Conforme:

AFFORDACARE PLUS TRADING

(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.: 02-206441-1025-01-0328
Amount: ₱ 22500 -