



PURCHASE ORDER

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

DELIVERY DUE DATE: 3/16/24

Supplier : **GLISHER PHARMACY**
Address : #1048 Supan Bldg., F. Tanedo St., Tarlac City
Type of Business : **Merchandising**
TIN No. : **328-948-372-000 Non-VAT**
Tel. No. : **0949-888-9950**

PR No.: **2023-12-492**
PO No.: **2024-100**
Date: **02/02/2024**
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/15**

| Item No. | Unit | Description | Quantity | Unit Cost | Total Cost |
|----------|---------|---|----------|-----------|------------------|
| 3 | cap | ANTIBIOTIC, Cefalexin, 500mgs | 500 | 6.00 | 3,000.00 |
| 6 | tablet | ANTISPASMODIC, Hyoscine N-Butylbromide + Paracetamol 10mg/500mg (Exp. Date not less than 1 yr) | 600 | 36.00 | 21,600.00 |
| 9 | capsule | PAIN RELIVER, Mefenamic Acid 500mg (Exp. Date not less than 2 yrs) | 1000 | 3.00 | 3,000.00 |
| 15 | cap | PHENYLPROPANOLAMINE, HCl 15mg Brompheniramine Maleate 12mg (NASATAPP) | 1000 | 9.00 | 9,000.00 |
| 28 | box | MASK, Surgical Face Mask, 3 ply, with earloop, disposable, 50pcs/box, FDA Registered | 50 | 95.00 | 4,750.00 |
| 40 | box | STERILE TONGUE DEPRESSOR, Wooden | 10 | 250.00 | 2,500.00 |
| 49 | cap | ANTI-DIARRHEA, Loperamide (Exp. Date not less than 1 1/2 yrs) | 500 | 3.00 | 1,500.00 |
| | | | | | 45,350.00 |

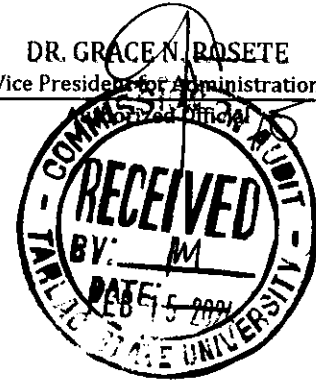
Purpose: Medical Equipment, Supplies and Medicines

(Total Amount in Words) Forty-Five Thousand Three Hundred Fifty 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



Conforme:

GLISHER PHARMACY 2/15/24
(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.: **02-101101-2024-02-0195**
Amount: **₱45,350**