



# PURCHASE ORDER

**DELIVERY DUE DATE: 5 - 22 - 23**

Procurement Unit

Telefax No.: 045-982-4630

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.: 2023-03-108  
 PO No.: 2023-181  
 Date: 04/25/2023  
 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** Delivery Term: 20 calendar days  
 Date of Delivery: \_\_\_\_\_ Payment Term: n/15

Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
1	unit	Oxygen Tank Refill, standard	3	590.00	1,770.00
2	unit	Oxygen Tank Refill, 5pounds ***** Purpose: FOR MSO CLINIC USE (MAIN, LUCINDA AND SAN. ISIDRO)	4	245.00	980.00
					<b><u>2,750.00</u></b>

(Total Amount in Words) Two Thousand Seven 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,

*[Signature]*  
 DR. GRACE N. ROSETE  
 Vice President for Administration

Authorized Official *[Signature]*

Conforme:

*[Signature]*  
**HERMANA PHARMACY**

(Signature over printed name & date)

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

COMMISSION ON AUDIT - TSU

**RECEIVED**

Date: MAY 02 2023

Funds Available:

*[Signature]*  
**JASPER A. YAUDER, CPA**  
 Budget Officer

ALOBS No. : 02-206441-2023-01-0943

Amount : ₱ 2750