



PURCHASE ORDER

Procurement Unit
Telefax No.: 045-982-4630

DELIVERY DUE DATE: 6/19/22

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.: 2022-04-092
PO No.: 2022-210
Date: 5/10/2022
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
112	pack	FACE MASK, KN95, white ***** Purpose: Fabrication of integrated solar power generator and water/irrigation pump (Phase 3) (DA-3 RFO Funded Project)	12	118.00	<u>1,416.00</u>

(Total Amount in Words) One Thousand Four Hundred Sixteen 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. MURPHY P. MOHAMMED
DR. ARMEE N. ROSEL

VP, Research & Extension Services

Authorized Official *[Signature]*

Conformed:

[Signature]

HERMANA PHARMACY 5/20/22

(Signature over printed name & date)

Bank Account Name: _____
Bank Account Number: _____
Bank Name: _____
Bank Address: _____



Funds Available:

[Signature]
JASPER A. YAUDER, CPA
Budget Officer

ALOBS No. : 02-008603-2021-05-0083
Amount : P 1416.-

noted
5/24/2022