

## **PURCHASE ORDER**

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

**DELIVERY DUE DATE:** 

8/19/23

C	CI	ISHER	DIIA	DAK	ACT
Supplier:		INHER	PHA	KIVI	AIV

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.:

2023-06-226

PO No.:

2023-346

Date:

08/01/2023

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: Payment Term:		15 Calendar days n/15	
Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
8	box	ORAL SYRINGE, 1ml (Luer Slip Tip) 100pcs  ***********************************	2	800.00	<u>1,600.00</u>

(Total Amount in Words) One Thousand Six 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,

AUG 0 3 2023

DR. GRACE N. ROSETE Vice President for Administration

Authorized Official

Conforme:

GLISHER PHARMACY

(Signature over printed name & date)

Bank Account Name:

Bank Account Number:

Bank Name:

Bank Address:

Funds Available:

No.: TSU-PRO-SF-09

JASPER A. YAUDER, CPA

Revision No. 03

**Budget Officer** 

ALOBS No.: 92-102101-2023 -08-096/

Amount: Plygo-

Effectivity Date: August 24, 2020

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