



PURCHASE ORDER

DELIVERY DUE DATE: 4/4/19

Procurement Unit
Telefax No.: 045-982-4630

Supplier : RAZMERS TRADING	PR No.: 2019-01-005
Address : <u>Triumph Bldg., Del Pilar St., Cabanatuan, Nueva Ecija</u>	PO No.: <u>2019-112</u>
TIN No. : <u>176-750-247-000</u>	Date: <u>2/28/2019</u>
Tel. No. : <u>0922-863-1337</u>	Mode of Procurement: <u>Small Value</u>

Gentlemen:

Please furnish this office the following articles subject to the terms and conditions contained herein:

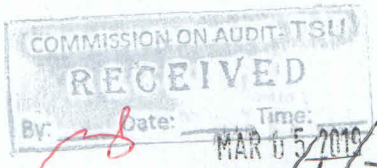
Place of Delivery: TARLAC STATE UNIVERSITY	Delivery Term: 30 calendar days
Date of Delivery:	Payment Term: n/30

Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
2	btl	CALAMINE + DYPHENHYDRAMINE, Antihistamine, lotion	20	160.00	3,200.00
14	tube	KETOPROFEN GEL, 30g, 2.5%	50	397.00	19,850.00
18	tab	MECLIZINE, Dizitab	500	13.50	6,750.00
21	tube	MOMETAZONE FUROATE, 1mg/g	10	350.00	3,500.00
22	tube	MOMETAZONE FUROATE, Glucocorticoid or Corticosteroid	10	350.00	3,500.00
33	tab	SALBUTAMOL, 2mg+bromhexine hcl+guaifenesin, 100mgs	500	19.75	9,875.00
35	vial	SOLU-CORTEF, Hydrocortisone sodium succinate, 100mg/2ml	30	105.00	3,150.00
38	amp	TRAMADOL, solution, for injection	15	50.00	750.00
75	tablet	HYOSINE + PARACETAMOL, Buscopan Venus, 500mg	500	30.00	15,000.00
					65,575.00

Purpose: Various Medicines to be used by MSO - APP 2019 1st Qtr (GAA)

(Total Amount In Words): Sixty Five Thousand Five Hundred Seventy Five Pesos Only

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. GLENARD T. MADRAGA
 VP, Admin. & Finance
 Authorized Official

Conforme:
[Signature]
RAZMERS TRADING
 (Signature over printed name & date)

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

Funds Available:
[Signature]
JESUS S. DANGANAN
 Budget Officer IV

ALOBS No. : _____
 Amount : _____

all packed 3/15/19