



PURCHASE ORDER

DELIVERY DUE DATE: 5/28/22

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.: 2022-02-026
PO No.: 2022-190
Date: 4/26/2022
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/30

Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
1	bottle	ALCOHOL, Ethyl, 70%, 500ml, G.C. Alcoplus	125	114.50	14,312.50
2	tab	AMLODIPINE, 5mg, Lodipex	300	8.00	2,400.00
3	bottle	CALAMINE + DYPHENHYDRAMINE, Caladryl 30ml	10	300.00	3,000.00
4	tab	CAPTOPRIL, 25mg, Hyperstop	200	10.00	2,000.00
5	cap	CEFALEXIN, 500mg, Exel, JMT, Falteria	1000	15.00	15,000.00
6	cap	CELECOXIB, 200mg, Saphlecox, Emicox	1000	18.00	18,000.00
7	cap	CELECOXIB, 400mg, Geocoxib, Capxibb	1000	20.00	20,000.00
8	cap	DEXTROMETHORPHAN HBR, PHENYLEPHRINE HCl, PARACETAMOL, Tuseran	600	20.00	12,000.00
9	ampule	DIPHENHYDRAMINE, Alleright	50	24.00	1,200.00
10	tab	DOMPERIDONE, Meridon, Saphridon	100	15.00	1,500.00
11	tab	FAMOTADINE, CALCIUM CARBONATE, MAGNESIUM HYDROXIDE, Kremil-S adv	500	30.00	15,000.00
12	bottle	HAND SANITIZER, 1000ml	40	355.00	14,200.00
14	softgel	IBUPROFEN, 200mg, Medicol	400	14.80	5,920.00
15	softgel	IBUPROFEN, 400mg, Medicol	400	24.50	9,800.00
16	ampule	KETOROLAC	10	24.00	240.00
18	cap	LOPERAMIDE	600	10.50	6,300.00
19	tab	LARATADINE, 10mg	2000	8.00	16,000.00
21	tab	MECLIZINE, Bonamine	400	15.00	6,000.00
22	cap	MEFENAMIC ACID, 500mg, Mecid Gopain	1000	8.80	8,800.00
24	tab	METOCLOPRAMIDE, 10mg, Meto	50	8.00	400.00
25	tube	MOMETASONE FUROATE, elica/momate, 5g	30	590.00	17,700.00
26	tube	MUPIROCIN, Mupiban, microscot	30	220.00	6,600.00
27	tube	MUPIROCIN + BETAMETHASONE DIPROPIONATE, Foskina B	30	790.00	23,700.00
Sub-Total					220,072.50

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. ARMEE N. ROSEL
VP, Research & Extension Services
Authorized Official

Conforme:

[Signature]
LANTIE M. RESTANO

HERMANA PHARMACY

(Signature over printed name & date) 4/28/22

Bank Account Name: _____

Bank Account Number: _____

Bank Name: _____

Bank Address: _____

COMMISSION ON APP. TSU
RECEIVED
By: _____ Date: APR 29 2022

Funds Available:

[Signature]
IASPER A. YAUDER, CPA
Budget Officer

ok posted 4/29/22

ALOBS No.: 02-102107122-02.022
Amount: 249,189.50

Form No.: TSU-PRO-SF 09 Revision No. 03

Effectivity Date: August 24, 2020 Page 1 of 2



PURCHASE ORDER

DELIVERY DUE DATE: 3/28/22

Procurement Unit
Telefax No.: 045-982-4630

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Address : Hospital Drive, San Vicente, Tarlac City
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Date of Delivery: Payment Term: n/30

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<i>Balance Forwarded</i>					220,072.50
29	cap	OMEPRAZOLE, 40mg, Ranzole, Inhibit-A, Cosec	1500	18.90	28,350.00
30	tab	PARACETAMOL, 500mg, Biogesic	5000	9.00	45,000.00
31	tab	PHENYLPROPANOLAMINE HCl, BROMPHENIRAMINE MALEATE, Nasatapp	600	18.50	11,100.00
32	tab	PHENYLEPHRINE, CHLORPHENAMINE, PARACETAMOL, 10mg/2mg/500, Neozep Forte	1000	9.80	9,800.00
34	bottle	POVIDONE IODINE, 120ml, J. Chemie	10	110.00	1,100.00
37	cap	RACECADOTRIL, 100mg	800	50.00	40,000.00
38	tab	RANITIDINE HCl, 150mg, Ranitein	300	8.00	2,400.00
39	tab	SALBUTAMOL SULFATE, BROMHEXINE HCl, GUAIFENESIN, Pecof	1000	28.50	28,500.00
40	tube	SILVER SULFADIAZINE, Mazinesilvedex	5	85.00	425.00
41	tube	SODIUM FUSIDATE CREAM, Sofinox	15	770.00	11,550.00
43	vial	STERILE WATER, For Injection 50ml, solvent, Euromed	6	150.00	900.00
45	bottle	TOBRAMYCIN EYEDROP	15	280.00	4,200.00
46	ampule	TRAMADOL, Ambidol	5	80.00	400.00
47	tube	VISINE, Refresh, 6ml	10	145.00	1,450.00
48	bottle	0.9% SODIUM CHLORIDE SOLUTION, For irrigation 1000ml, Euromed	5	180.00	900.00
49	bottle	0.9% SODIUM CHLORIDE SOLUTION, For IV infusion 1000ml, Euromed	5	180.00	900.00
50	bottle	5% DEXTROSE IN LACTATED RINGER'S SOLUTION, For IV infusion 1000ml, Euromed	5	180.00	900.00
51	cap	PLAIN LACTATED RINGER'S SOLUTION, For IV infusion 1000ml, Euromed	5	180.00	900.00
52	cap	MULTIVITAMINS, Myrevit	1000	18.00	18,000.00
53	tab	ASCORBIC ACID/SODIUM ASCORBATE, Enocee Ascorphil	1000	18.00	18,000.00
54	tab	VITAMIN B COMPLEX, Revitaplex	500	8.00	4,000.00
					448,847.50

Purpose: For Main, San Isidro, Lucinda Clinic use- PPMP 2022

(Total Amount in Words) Four Hundred Forty Eight Thousand Eight Hundred Forty Seven Pesos & Fifty Centavos
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Very truly yours,

DR. ARMEE N. ROSEL
VP, Research & Extension Services
Authorized Official

Conforme:
HERMANA PHARMACY
(Signature over printed name & date) 4/28

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

COMMISSION ON AUDIT TSU
RECEIVED
By: _____ Date: APR 29 2022

Funds Available:

JASPER A. YAUDER, CPA
Budget Officer

ALOBS No. : 02-02101-22-04-0221
Amount : ₱ 448,847.50