

PURCHASE ORDER

Procurement	Unit

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

DELIVERY DUE DATE: 10/29/23

CLICHED	DUADMACV	
GLISHER	PHARMACY	

Address: #1048 Supan Bldg., F. Tanedo St., Tarlac City

Type of Business:

Merchandising

TIN No.:

Supplier:

328-948-372-000 Non-VAT

Tel. No.:

0949-888-9950

PR No .:

2023-08-332

PO No.:

2023-500

Date:

10/04/2023

Mode of Procurement:

Dolivory Torm:

Small Value

10 Calendar days

Gentlemen:

Dless of Delivery

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

TADI AC STATE HNIVEDSITY

Date of Delivery:		Payment Term:		<u>n/15</u>	
Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
1	pcs	ASCORBIC ACID, (500MG) Potencee *********************************	15	6.50	97.50

(Total Amount in Words) Ninety-Seven Pesos and Fifty Centavos 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,

DR. GRACE N. ROSETE Vice President for Administration

Authorized Official

Conforme:

(Signature over printed name & date)

Bank Account Name:

Bank Account Number:

Bank Name:

Bank Address:

Funds Available:

JASPER A. YAUDER, CPA

Budget Officer

ALOBS No.: 02-70441. 2007-10-2484

Amount: 97.50

No.: TSU-PRO-SF-09 Revision No. 03 Effectivity Date: August 24, 2020

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