PURCHASE ORDER

Procurement Unit
Tel. No. 045-606-9110 local 157/142

DELIVERY DUE DATE: 16 MAY 2025

Supplier :	**GOLD PHARMACEUTICALS ASIA INCORPORATED**	PR No.:	2025-01-039
Address :	Lot 1035 B-2, Sitio Tanpoco, Brgy. Matatalaib, Tarlac City	PO No :	2025-216
Type of Business :	Merchandising	Date:	04/08/2025
TIN No. :	009-998-131-000 VAT Reg.	Mode of Procurement	Shopping
Tel. No. :	0945-334-3769		

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: 30 calendar days
Payment Term: n/15

Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
5	tablet	**ANTACID,** Domperidone, exp date not less than 2 yrs	100	1.50	150.00
8	tablet	**ANTACID,** Ranitidine Hcl, 150mg, Exp date not less than 2 yrs	300	1.50	450.00
9	tablet	**ANTI-ASTHMA,** Doxofyline, 200mg., Exp date not less than 2 yrs	500	15.25	7,625.00
13	cap	**ANTIBIOTIC,** Amoxicillin, 500 mgs., Exp date not less than 2 yrs	500	3.25	1,625.00
14	box	**ANTIBIOTIC,** Amoxicillin, 500mg, 100/box	5	325.00	1,625.00
15	capsule	**ANTIBIOTIC,** Cefalexin 250mg, Exp date not less than 2 yrs	200	4.25	850.00
16	cap	**ANTIBIOTIC,** Cefalexin, 500 mgs., Exp date not less than 2 yrs	800	5.00	4,000.00
17	capsule	**ANTIBIOTIC,** Ciprofloxacin, 500 mg., Exp date not less than 2 yrs	800	3.00	2,400.00
		sub-total:			**18,725.00**

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,

APR 11 2025

DR. ARNOLD E. VELASCO
President

Authorized Official

Conforme: CRISTINA C. GARCIAGUE 4/16/25 (WPH)

GOLD PHARMACEUTICALS ASIA INCORPORATED
(Signature over printed name & date)

Bank Account Name: GOLD PHARMACEUTICALS ASIA INC.
Bank Account Number: 0000-1012-3866
Bank Name: UNION BANK
Bank Address: SSS (MAKATI) BLDG. AYALA AVE, COR V. RUFINO ST. Makati City

COMMISSION ON AUDIT
RELEASED
DATE: APR 22 2025
TARLAC STATE UNIVERSITY

Funds Available:

JASPER A. YAUDER, CPA
Budget Officer

ALOBS No. : 02-101101-2025-04-0491
Amount : ₱30652.50

PURCHASE ORDER

Procurement Unit
Tel. No.: 045-606-8110 local 157/142

DELIVERY DUE DATE: 16 MAY 2025

Supplier :	GOLD PHARMACEUTICALS ASIA INCORPORATED	PR No.:	2025-01-039
Address :	Lot 1035 B-2, Sitio Tanpoco, Brgy. Matatalaib, Tarlac City	PO No.:	2025-216
Type of Business :	Merchandising	Date:	04/08/2025
TIN No. :	009-998-131-000 VAT Reg.	Mode of Procurement:	Shopping
Tel. No. :	0945-334-3769		

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
		Balance Forwarded:			**18,725.00**
18	cap	**ANTIBIOTIC,** Clindamycin, 300 mgs., Exp date not less than 1 yr	500	7.25	3,625.00
19	tablet	**ANTIBIOTIC,** Co-Amoxiclav, 625 mg., Exp date not less than 2 yrs	1000	15.25	15,250.00
22	cap	**ANTI-DIARRHEA,** Loperamide, Exp date not less than 2 yrs	300	1.25	375.00
25	tablet	**ANTIHISTAMINE,** Cetirizine, 10mg Exp date not less than 2 yrs	800	0.75	600.00
26	capsule	**ANTIHISTAMINE,** Diphenhydramine 25mg, Exp date not less than 2 yrs	500	1.50	750.00
27	amp	**ANTIHISTAMINE,** Diphenhydramine, Exp date not less than 2 yrs	40	29.00	1,160.00
28	tablet	**ANTIHISTAMINE,** Loratadine, 10mg, Exp date not less than 2 yrs	900	2.75	2,475.00
29	tablet	**ANTI-HYPERTENSION,** Captopril, 25 mg, Exp date not less than 2 yrs	50	1.50	75.00
		sub-total:			**43,035.00**

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,

APR 11 2025

DR. ARNOLD E. VELASCO
President
Authorized Official

Conforme: CRISTINA C. GARDUQUE 4/14/25 (WFH)

GOLD PHARMACEUTICALS ASIA INCORPORATED
(Signature over printed name & date)
Bank Account Name: __________
Bank Account Number: __________
Bank Name: __________
Bank Address: __________

COMMISSION ON AUDIT RECEIVED APR 22 2025 DATE: TARLAC STATE UNIVERSITY

Funds Available:

JASPER A. YAUDER, CPA
Budget Officer

ALOBS No.: 02-101101-2025-04-0449
Amount: P50,692.50

Procurement Unit

Tel. No.: 045-606-8110 local 157/142

PURCHASE ORDER

DELIVERY DUE DATE: 16 MAY 2025

Supplier:	GOLD PHARMACEUTICALS ASIA INCORPORATED	PR No.:	2025-01-039
Address:	Lot 1035 B-2, Sitio Tanpoco, Brgy. Matatalaib, Tarlac City	PO No.:	2025-216
Type of Business:	Merchandising	Date:	04/08/2025
TIN No.:	009-998-131-000 VAT Reg.	Mode of Procurement:	Shopping
Tel. No.:	0945-334-3769		

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
		Balance Forwarded:			**43,035.00**
30	tablet	**ANTI-HYPERYTENSIVE,** Amlodipine, 5mgs, Exp date not less than 2 yrs	100	1.00	100.00
31	cap	**ANTI-INFLAMMATORY,** Celecoxib, 200 mgs, Exp date not less than 2 yrs	1000	3.50	3,500.00
33	tablet	**ANTI-INFLAMMATORY,** Prednisone, 20 mg, Exp date not less than 2 yrs	500	4.50	2,250.00
36	bottle (s)	**ANTISEPTIC SOLUTION,** Povidone-Iodine, 120 ml solution, Exp date not less than 2 yrs	15	75.00	1,125.00
39	ampule	**ANTISPASMODIC,** Hyoscine N-Butylbromide, 20 mg, Exp date not less than 1 yr	10	29.75	297.50
40	tablet	**ANTISPASMODIC,** Hyoscine, N-Butylbromide, 10mg, Exp date not less than 2 yrs	800	6.00	4,800.00
42	tablet	**ANTI-VERTIGO,** Meclizine, Exp date not less than 2 yrs	500	4.50	2,250.00
48	capsule	**DIETARY SUPPLEMENTARY,** Multi-Vitamins + Iron, Exp date not less than 2 yrs	1000	1.50	1,500.00
		sub-total:			**58,857.50**

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,

APR 11 2025

DR. ARNOLD E. VELASCO

President

Authorized Official

COMMISSION ON AUDIT RECEIVED APR 22 2025 DATE APR 22 2025 TARLAC STATE UNIVERSITY

Conforme: Cristina C. Garduque 4/16/25 (WFH)

GOLD PHARMACEUTICALS ASIA INCORPORATED

(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.: 02-101101-2025-04-0441

Amount: P20652.50

PURCHASE ORDER

Procurement Unit
Tel. No.: 045-606-8110 local 157/142

DELIVERY DUE DATE: 16 MAY 2025

Supplier: **GOLD PHARMACEUTICALS ASIA INCORPORATED**
Address: Lot 1035 B-2, Sitio Tanpoco, Brgy. Matatalaib, Tarlac City
Type of Business: Merchandising
TIN No.: 009-998-131-000 VAT Reg.
Tel. No.: 0945-334-3769

PR No.: 2025-01-039
PO No.: 2025-216
Date: 04/08/2025
Mode of Procurement: Shopping

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: 30 calendar days
Payment Term: n/15

Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
		Balance Forwarded:			**58,857.50**
49	tablet	**DIETARY SUPPLEMENTARY,** Vitamin B Complex, Exp date not less than 1 yr	300	1.25	375.00
56	tube	**OINTMENT,** Clotrimozole, 10g, Exp date not less than 2 yrs	5	96.00	480.00
57	tube	**OINTMENT,** Mometasone Furoate, 10g, Exp date not less than 2 yrs	10	188.00	1,880.00
58	tube	**OINTMENT,** Mupirocin + Bethamethasone Dipropionate, 5g, Exp date not less than 1 yr	10	348.00	3,480.00
59	tube	**OINTMENT,** Mupirocin, Exp date not less than 1 yr	10	88.00	880.00
62	tube	**OINTMENT,** Sodium Fusidate, Exp date not less than 2 yrs	5	150.00	750.00
64	cap	**PAIN RELIEVER,** Ibuprofen + Paracetamol 500mg/325mg, Exp date not less than 2 yrs	200	2.25	450.00
68	capsule	**PAIN RELIEVER,** Mefenamic Acid, 250mg, Exp date not less than 2 yrs	200	1.50	300.00
69	box	**PAIN RELIEVER,** Mefenamic Acid, 500mg, 100/box	5	170.00	850.00
		sub-total:			**68,302.50**

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,

APR 11 2025

DR. ARNOLD E. VELASCO
President IV
Authorized Official

Conforme: CRISTINA C. GANDUBLE 4/16/25
(WPH)

GOLD PHARMACEUTICALS ASIA INCORPORATED
(Signature over printed name & date)
Bank Account Name:
Bank Account Number:
Bank Name:
Bank Address:

COMMISSION ON AUDIT
RECEIVED
APR 22 2025
DATE:
TARLAC STATE UNIVERSITY

Funds Available:

JASPER A. YAUDER, CPA
Budget Officer

ALOBS No.: 01-10110-2025-04-0041
Amount: ₱ 68,302.50

PURCHASE ORDER

Procurement Unit
Tel. No.: 045-606-8110 local 157/142

DELIVERY DUE DATE: 16 MAY 2025

Supplier: **GOLD PHARMACEUTICALS ASIA INCORPORATED**
Address: Lot 1035 B-2, Sitio Tanpoco, Brgy. Matatalaib, Tarlac City
Type of Business: Merchandising
TIN No.: 009-998-131-000 VAT Reg.
Tel. No.: 0945-334-3769

PR No.: 2025-01-039
PO No.: 2025-216
Date: 04/08/2025
Mode of Procurement: Shopping

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: 30 calendar days
Payment Term: n/15

Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
		Balance Forwarded:			**68,302.50**
70	tablet	**PAIN RELIEVER,** Mefenamic Acid, 500mg, Exp date not less than 2 yrs	1500	1.75	2,625.00
71	amp	**PAIN RELIEVER,** Tramadol, solution, for injection, Exp date not less than 2 yrs	10	15.00	150.00
79	vial	**STERILE WATER,** for injection, 50ml, solvent, Parenteral Prep, Exp date not less than 3 yrs	5	80.00	400.00
80	amp	**VACCINE,** Tetanus Toxoid, vaccine, Exp date not less than 2 yrs	30	110.00	3,300.00
81	cap	**VITAMINS,** d-Alpha Tocopherol 400 Iu, Exp date not less than 2 yrs	500	6.75	3,375.00
82	cap	**VITAMINS,** Sodium Ascorbate/Ascorbic Acid with Zinc, Exp date not less than 2 yrs	1000	2.50	2,500.00
		**********			**80,652.50**
		Purpose: Medicines - APP 2025			

(Total Amount in Words) Eighty Thousand Six Hundred Fifty-Two 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,

APR 11 2025

DR. ARNOLD E. VELASCO
President
Authorized Official

Conforme: CRISTINA C. GARDUQUE 4/14/25 (WFH)

GOLD PHARMACEUTICALS ASIA INCORPORATED
(Signature over printed name & date)
Bank Account Name:
Bank Account Number:
Bank Name:
Bank Address:

RELEASED
APR 22 2025
DATE:
TARLAC STATE UNIVERSITY

Funds Available:

JASPER A. YAUDER, CPA

ALOBS No.: 02-101101-2025-04-0441
Amount: ₱80,652.50

Procurement Unit
Tel. No.: 045-606-8110 local 157/142

PURCHASE ORDER

DELIVERY DUE DATE: 16 MAY 2025

Supplier :	**GOLD PHARMACEUTICALS ASIA INCORPORATED**	PR No.:	2025-01-039
Address :	Lot 1035 B-2, Sitio Tanpoco, Brgy. Matatalaib, Tarlac City	PO No.:	2025-216
Type of Business :	Merchandising	Date:	04/08/2025
TIN No. :	009-998-131-000 VAT Reg.	Mode of Procurement:	Shopping
Tel. No. :	0945-334-3769		

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
5	tablet	**ANTACID,** Domperidone, exp date not less than 2 yrs	100	1.50	150.00
8	tablet	**ANTACID,** Ranitidine Hcl, 150mg, Exp date not less than 2 yrs	300	1.50	450.00
9	tablet	**ANTI-ASTHMA,** Doxofyline, 200mg., Exp date not less than 2 yrs	500	15.25	7,625.00
13	cap	**ANTIBIOTIC,** Amoxicillin, 500 mgs., Exp date not less than 2 yrs	500	3.25	1,625.00
14	box	**ANTIBIOTIC,** Amoxicillin, 500mg, 100/box	5	325.00	1,625.00
15	capsule	**ANTIBIOTIC,** Cefalexin 250mg, Exp date not less than 2 yrs	200	4.25	850.00
16	cap	**ANTIBIOTIC,** Cefalexin, 500 mgs., Exp date not less than 2 yrs	800	5.00	4,000.00
17	capsule	**ANTIBIOTIC,** Ciprofloxacin, 500 mg., Exp date not less than 2 yrs	800	3.00	2,400.00
		sub-total:			**18,725.00**

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,

APR 11 2025

DR. ARNOLD E. VELASCO
President

Authorized Official

Conforme:

GOLD PHARMACEUTICALS ASIA INCORPORATED
(Signature over printed name & date)
Bank Account Name: _____
Bank Account Number: _____
Bank Name: _____
Bank Address: _____

COMMISSION ON AUDIT
RECEIVED
APR 22 2025
DATE:
TARLAC STATE UNIVERSITY

Funds Available:

JASPER A. YAUDER, CPA
Budget Officer

ALOBS No. : 02-101101-2025-04-0441
Amount : ₱18652.50

PURCHASE ORDER

Procurement Unit
Tel. No.: 045-606-8110 local 157/142

DELIVERY DUE DATE: 16 MAY 2025

Supplier : **GOLD PHARMACEUTICALS ASIA INCORPORATED**
Address : Lot 1035 B-2, Sitio Tanpoco, Brgy. Matatalaib, Tarlac City
Type of Business : Merchandising
TIN No. : 009-998-131-000 VAT Reg.
Tel. No. : 0945-334-3769

PR No.: 2025-01-039
PO No.: 2025-216
Date: 04/08/2025
Mode of Procurement: Shopping

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: 30 calendar days
Payment Term: n/15

Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
		Balance Forwarded:			**18,725.00**
18	cap	**ANTIBIOTIC,** Clindamycin, 300 mgs., Exp date not less than 1 yr	500	7.25	3,625.00
19	tablet	**ANTIBIOTIC,** Co-Amoxiclav, 625 mg., Exp date not less than 2 yrs	1000	15.25	15,250.00
22	cap	**ANTI-DIARRHEA,** Loperamide, Exp date not less than 2 yrs	300	1.25	375.00
25	tablet	**ANTIHISTAMINE,** Cetirizine, 10mg Exp date not less than 2 yrs	800	0.75	600.00
26	capsule	**ANTIHISTAMINE,** Diphenhydramine 25mg, Exp date not less than 2 yrs	500	1.50	750.00
27	amp	**ANTIHISTAMINE,** Diphenhydramine, Exp date not less than 2 yrs	40	29.00	1,160.00
28	tablet	**ANTIHISTAMINE,** Loratadine, 10mg, Exp date not less than 2 yrs	900	2.75	2,475.00
29	tablet	**ANTI-HYPERTENSION,** Captopril, 25 mg, Exp date not less than 2 yrs	50	1.50	75.00
		sub-total:			**43,035.00**

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,

APR 11 2025

DR. ARNOLD E. VELASCO
President

Conforme:

Authorized Official

GOLD PHARMACEUTICALS ASIA INCORPORATED
(Signature over printed name & date)
Bank Account Name:
Bank Account Number:
Bank Name:
Bank Address:

COMMISSION ON AUDIT
RELEASED
DATE:
TARLAC STATE UNIVERSITY

Funds Available:

JASPER A. YAUDER, CPA
Budget Officer

ALOBS No. : 01-10101-2025-04-0044
Amount : ₱43652.50

PURCHASE ORDER

Procurement Unit
Tel. No.: 045-606-8110 local 157/142

DELIVERY DUE DATE: 16 MAY 2025

Supplier : **GOLD PHARMACEUTICALS ASIA INCORPORATED**
Address : Lot 1035 B-2, Sitio Tanpoco, Brgy. Matatalaib, Tarlac City
Type of Business : Merchandising
TIN No. : 009-998-131-000 VAT Reg.
Tel. No. : 0945-334-3769

PR No.: 2025-01-039
PO No.: 2025-216
Date: 04/08/2025
Mode of Procurement: Shopping

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: 30 calendar days
Payment Term: n/15

Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
		Balance Forwarded:			**43,035.00**
30	tablet	**ANTI-HYPERYTENSIVE,** Amlodipine, 5mgs, Exp date not less than 2 yrs	100	1.00	100.00
31	cap	**ANTI-INFLAMMATORY,** Celecoxib, 200 mgs, Exp date not less than 2 yrs	1000	3.50	3,500.00
33	tablet	**ANTI-INFLAMMATORY,** Prednisone, 20 mg, Exp date not less than 2 yrs	500	4.50	2,250.00
36	bottle (s)	**ANTISEPTIC SOLUTION,** Povidone-Iodine, 120 ml solution, Exp date not less than 2 yrs	15	75.00	1,125.00
39	ampule	**ANTISPASMODIC,** Hyoscine N-Butylbromide, 20 mg, Exp date not less than 1 yr	10	29.75	297.50
40	tablet	**ANTISPASMODIC,** Hyoscine, N-Butylbromide, 10mg, Exp date not less than 2 yrs	800	6.00	4,800.00
42	tablet	**ANTI-VERTIGO,** Meclizine, Exp date not less than 2 yrs	500	4.50	2,250.00
48	capsule	**DIETARY SUPPLEMENTARY,** Multi-Vitamins + Iron, Exp date not less than 2 yrs	1000	1.50	1,500.00
		sub-total:			**58,857.50**

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,

APR 11 2025

DR. ARNOLD B. VELASCO
President
Authorized Official

Conforme:

GOLD PHARMACEUTICALS ASIA INCORPORATED
(Signature over printed name & date)
Bank Account Name:
Bank Account Number:
Bank Name:
Bank Address:

COMMISSION ON AUDIT
RECEIVED
APR 22 2025
TARLAC STATE UNIVERSITY

Funds Available:

JASPER A. YAUDER, CPA
Budget Officer

ALOBS No.: 02-101101-2025-04-0441
Amount: ₱58652.50

PURCHASE ORDER

Procurement Unit
Tel. No.: 045-606-8110 local 157/142

DELIVERY DUE DATE: 16 MAY 2025

Supplier : **GOLD PHARMACEUTICALS ASIA INCORPORATED**
Address : Lot 1035 B-2, Sitio Tanpoco, Brgy. Matatalaib, Tarlac City
Type of Business : Merchandising
TIN No. : 009-998-131-000 VAT Reg.
Tel. No. : 0945-334-3769

PR No.: 2025-01-039
PO No.: 2025-216
Date: 04/08/2025
Mode of Procurement: Shopping

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: 30 calendar days
Payment Term: n/15

Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
		Balance Forwarded:			**58,857.50**
49	tablet	**DIETARY SUPPLEMENTARY,** Vitamin B Complex, Exp date not less than 1 yr	300	1.25	375.00
56	tube	**OINTMENT,** Clotrimozole, 10g, Exp date not less than 2 yrs	5	96.00	480.00
57	tube	**OINTMENT,** Mometasone Furoate, 10g, Exp date not less than 2 yrs	10	188.00	1,880.00
58	tube	**OINTMENT,** Mupirocin + Bethamethasone Dipropionate, 5g, Exp date not less than 1 yr	10	348.00	3,480.00
59	tube	**OINTMENT,** Mupirocin, Exp date not less than 1 yr	10	88.00	880.00
62	tube	**OINTMENT,** Sodium Fusidate, Exp date not less than 2 yrs	5	150.00	750.00
64	cap	**PAIN RELIEVER,** Ibuprofen + Paracetamol 500mg/325mg, Exp date not less than 2 yrs	200	2.25	450.00
68	capsule	**PAIN RELIEVER,** Mefenamic Acid, 250mg, Exp date not less than 2 yrs	200	1.50	300.00
69	box	**PAIN RELIEVER,** Mefenamic Acid, 500mg, 100/box	5	170.00	850.00
		sub-total:			**68,302.50**

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,

APR 11 2025

DR. ARNOLD E. VELASCO
President

Conforme:

Authorized Official

GOLD PHARMACEUTICALS ASIA INCORPORATED
(Signature over printed name & date)
Bank Account Name: _____
Bank Account Number: _____
Bank Name: _____
Bank Address: _____

COMMISSION ON AUDIT
RECEIVED
DATE: APR 22 2025
RELEASED
TARLAC STATE UNIVERSITY

Funds Available:

JASPER A. YAUDER, CPA
Budget Officer

ALOBS No. : 02-10114-2025-04-0441
Amount : ₱68,302.50

PURCHASE ORDER

Procurement Unit
Tel. No.: 045-606-8110 local 157/142

DELIVERY DUE DATE: 16 MAY 2025

Supplier : **GOLD PHARMACEUTICALS ASIA INCORPORATED**
Address : Lot 1035 B-2, Sitio Tanpoco, Brgy. Matatalaib, Tarlac City
Type of Business : Merchandising
TIN No. : 009-998-131-000 VAT Reg.
Tel. No. : 0945-334-3769

PR No.: 2025-01-039
PO No.: 2025-216
Date: 04/08/2025
Mode of Procurement: Shopping

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: 30 calendar days
Payment Term: n/15

Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
		Balance Forwarded:			**68,302.50**
70	tablet	**PAIN RELIEVER,** Mefenamic Acid, 500mg, Exp date not less than 2 yrs	1500	1.75	2,625.00
71	amp	**PAIN RELIEVER,** Tramadol, solution, for injection, Exp date not less than 2 yrs	10	15.00	150.00
79	vial	**STERILE WATER,** for injection, 50ml, solvent, Parenteral Prep, Exp date not less than 3 yrs	5	80.00	400.00
80	amp	**VACCINE,** Tetanus Toxoid, vaccine, Exp date not less than 2 yrs	30	110.00	3,300.00
81	cap	**VITAMINS,** d-Alpha Tocopherol 400 lu, Exp date not less than 2 yrs	500	6.75	3,375.00
82	cap	**VITAMINS,** Sodium Ascorbate/Ascorbic Acid with Zinc, Exp date not less than 2 yrs	1000	2.50	2,500.00
		**********			**80,652.50**
		Purpose: Medicines - APP 2025			

(Total Amount in Words) Eighty Thousand Six Hundred Fifty-Two 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,

APR 11 2025

DR. ARNOLD E. VELASCO
President

Conforme:

Authorized Official

GOLD PHARMACEUTICALS ASIA INCORPORATED
(Signature over printed name & date)
Bank Account Name:
Bank Account Number:
Bank Name:
Bank Address:

COMMISSION ON AUDIT
RECEIVED
APR 22 2025
DATE:
TARLAC STATE UNIVERSITY

Funds Available:

JASPER A. YAUDER, CPA
Budget Officer

ALOBS No. : 02-101101-2025-04-0441
Amount : ₱80,652.50