

PURCHASE ORDER

DELIVERY DUE DATE: 0 7 SEP 2024

Procurement Unit

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

AMREIVAX CORPORATION Supplier:

19748 Almond St., Executive Heights Subdivision,

Paranaque City

Type of Business: Merchandising

008-844-685-00000 VAT Reg. TIN No.:

Tel. No.: 0917-545-5541/8824-1434 PR No .:

2024-03-151

PO No.:

2024-474

Date:

07/16/2024

Mode of Procurement:

Public Bidding

Gentlemen:

Address:

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:		30 calendar days N/30
Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
1	set	FLU VACCINE, Vaxigrip Tetra, Quadrivalent Seasonal Influenza Vaccine (Split Virion, Inactivated) Southern Hemispehere 2024, Suspension for injection (I.M.); 0.5ml in 1ml Type I pre- filled glass syringe with chlorobutyl plunger stopper and needle (Box Of 1's) ************************************	1500	605.89	908,835.00

(Total Amount in Words) Nine Hundred Eight Thousand Eight Hundred Thirty-Five 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 onetenth (1/10) of one percent for every day of delay shall be imposed

Very truly yours,

DR. ARNØLD E. VELASCO

President

Authorized Official

ALOBS No.: 82. MW141-2014-87 23-8" Amount: 988 835 W

AMREIVAX CORPORATION

(Signature over printed name & date)

Bank Account Name:

Bank Account Number:

Bank Name

Bank Address:

Funds Available:

JASPER A YAUDER, CPA

Budget Officer

Effectivity Date: August 24, 2020 Page 1 of 1

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