

SHIELD DRUGSTORE AND MARKETING CORP.

(Signature over printed name & date)

Bank Account Name:

Bank Account Number:

Bank Name:

Bank Address:

Funds Available:

Budget Officer

Revision No. 03

ALOBS No. : 05-10111- 2113-49-6647

Amount: PLYO-

Effectivity Date: August 24, 2020





Type of Business:

PURCHASE ORDER

Procurement Unit	
------------------	--

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

DELIVERY DUE DATE:

10/4/23

Supplier: SHIELD DRUGSTORE AND MEDIMARKETING CORPORATION

Merchandising

771-137-537-000 VAT Reg.

0917-729-8659/(072)619-2343

50 Ancheta St. Cor. Bucaneg St. Catbangen, San Fernando City, La Union

2023-08-311 2023-434

PO No.: Date:

PR No.:

9/8/2023 /

Mode of Procurement:

Small Value

15 calendar days

Gentlemen:

Place of Delivery:

Address:

TIN No.:

Tel. No.:

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

TARLAC STATE UNIVERSITY

Delivery Term: Date of Delivery: Payment Term: n/15Item No. Unit Description Quantity **Unit Cost Total Cost** 1 tube EYE DROP, Celsus 20 342.00 6,840.00 ************** Purpose: Medicine - APP 2023 1st Qtr (failed items)

(Total Amount in Words) Six Thousand Eight Hundred Forty 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 nonexpendable 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. GRACEN, ROSETE

Vice President for Administration

Authorized Official

SHIELD DRUGSTORE AND MARKETING CORP.

(Signature over printed name & date)

Bank Account Name:

Bank Account Number:

Form No.: TSU-PRO-SF 09

Bank Name:

Conforme:

Bank Address:



Funds Available:

JASPER A. YAUDER, CPA

Budget Officer

Revision No. 03

ALOBS No. : 01-102101- 2413-49-0447

Amount: P 1840

Effectivity Date: August 24, 2020