

PURCHASE ORDER

Procurement Unit

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

DELIVERY DUE DATE: Pick-up / C.O.D

Supplier: BDMT MEDICAL SUPPLY

Address: 1212 M.H. Del Pillar, Pob. Norte, Paniqui, Tarlac

Type of Business : Merchandising
TIN No.: 485-463-144-000 Non-VAT

Tel. No.:

0950-490-0379

PR No.:

2021-02-053

PO No.:

2021-228

Date: Mode of Procurement: 7/7/2021 Small Value

Gentlemen:

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

| Place of Delivery: Date of Delivery: | | TARLAC STATE UNIVERSITY | Delivery Term: Payment Term: | | Pick-up COD | |
|---|--------------------------|--|------------------------------|--|--|--|
| Item No. | Unit | Description | Quantity | Unit Cost | Total Cost | |
| 19 20 30 33 34 | pcs pcs pcs pcs | IV INFUSION SET, Macroset, Surgitech IV INFUSION SET, Microset, Surgitech PULSE OXIMETER, Portable SCISSOR, Bandage, Secheron SCISSOR, Surgical Scissor, Secheron ************************************ | 10 5 6 2 2 | 25.00 25.00 1,200.00 88.00 88.00 | 250.00 125.00 7,200.00 176.00 176.00 7,927.00 | |

(Total Amount in Words) Seven Thousand Nine Hundred Twenty Seven 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 one-tenth (1/10) of one

Very truly yours,

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

Authorized Official

BDMT/MEDICAL SUPPLY
(Signature over printed name & date)

Bank Account Name: Bank Account Number:

Bank Name:

Bank Address:

Funds Available:

RYAN R. RONOVILLO
OIC, Budget Office

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

ALOBS No. : 12-106441-2921-07-0944

Amount : \$ 7927-

Effectivity Date: August 24, 2020

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