PURCHASE ORDER Procurement Unit **DELIVERY DUE DATE:** Telephone No.: 045-606-8142/606-8157 Supplier: HERMANA PHARMACY Address: Hospital Drive, San Vicente, Tarlac City PR No.: 2022-02-053 Type of Business: Merchandising Business PO No.: 2022-251 TIN#: 446-613-036-000 0916-2889-5883/0931-855-5005/0927-666-9676 Tel. No.: Date: 5/26/2022 Mode of Procurement: Small Value Please furnish this office the following articles subject to the terms and conditions contained herein: Place of Delivery: TARLAC STATE UNIVERSITY Delivery Term: Date of Delivery: 30 Calendar days Payment Term: N/30Item No. Unit Description Quantity **Unit Cost** 2 UVC ROOM STERILIZER, eliminate 99% pathogens **Total Cost** pcs 1 including stahylococcus aureus, salmonella, e. coli, 183,500.00 183.500.00 campylobacter, Coverage Area: 60m2, Flexible 15 minutes to 24 hours sterilzation time, Designed and safety feature equipped with 30 second time delay and motion sensor, Made of carbon steel, Adjustable 180 degrees swing arm, FDA and EPA approved ************ Purpose: for dental clinic use only (Total Amount in Words) One Hundred Eighty-Three Thousand Five Hundred Pesos Only Warranty shall be for a perod 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 percentfor every day of delay shall be imposed.

Conforme:

Bank Account Name:

No.: TSU-PRO-SF-09

Bank Name:
Bank Address:
Funds Available:

Bank Account Number:

(Signature over printed name & date)

JASPER A. YAUDER, CPA

Revision No. 3

Budget Officer

Very truly yours,

DR. GRACE N. ROSETE
Vice President for Administration

Authorized Official

ALOBS No.: 06-20644-1022-05-0018

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COMMISSION ON AUDIT-TSU

Date JUN 0 1-2022

Amount: \$183,500-

Effectivity Date : August 24, 2020

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