



PURCHASE ORDER

Procurement Unit

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

DELIVERY DUE DATE: **01 APR 2025**

Supplier: **HALO PHARMACY**
Address: **10-A Mabini Avenue Victory Norte Isabela**
Type of Business: **Merchandising**
TIN No.: **933-389-254-00000 VAT Reg.**
Tel. No.: **0997-344-3571**

PR No.: **2024-11-461**
PO No.: **2025-125**
Date: **2/20/2025**
Mode of Procurement: **Small Value**

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/30**

Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
17	piece	FACE SHIELD, for dental use	4	160.00	640.00
20	box	GAUZE PAD, Sterile, 4x4, 100pcs/box (Exp. Date not less than 3yrs)	4	264.00	1,056.00
31	box	IRM, 38g (Liquid and Powder set)	2	896.00	1,792.00
32	bottle	ISOPROPYL ALCOHOL, 70% solution (500ml)	150	88.00	13,200.00
42	cap	SPHYGMOMANOMETER, Aneroid Sphygmomanometer and Stethoscope - Sphygmomanometer * long lasting, thicker rubber bladder * warranty: 6 months ***** Purpose: Supplies Medical and Dental APP-3rd Quarter 2024	10	1,440.00	14,400.00
					31,088.00

(Total Amount in Words) Thirty-One Thousand Eighty-Eight 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 percent for every day of delay shall be imposed

Very truly yours,

DR. ARNOLD E. VELASCO
President
Authorized Official

Conforme:

HALO PHARMACY
(Signature over printed name & date)

Bank Account Name:

Bank Account Number:

Bank Name:

Bank Address:

Funds Available:

JASPER A. YAUDER, CPA
Budget Officer



ALOPS No.: **02-24441-2025-02-0655**
Amount: **₱ 31,088**



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President

Authorized Official

Conforme:

HALO PHARMACY

(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. : **02-206441-2025-02-0655**

Amount : **₱ 31,088**