PURCHASE ORDER DELIVERY DUE DATE: Procurement Unit Telefax No.: 045-982-4630 Supplier: **HERMANA PHARMACY** PR No.: 2022-01-014 Address: Hospital Drive, San Vicente, Tarlac City PO No.: 2022-074 Type of Business: Merchandising Date: 2/10/2022 TIN No.: 446-613-036-000 Mode of Procurement: Tel. No.: 0916-2889-5883/0931-855-5005/0927-666-9676 Gentlemen: 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: Payment Term: Item No. Unit Description **Unit Cost** Quantity 2 bottle ALCOHOL, 70% solution, ethyl, 500ml 30 120.00 Purpose: APP 2022 1st qtr

(Total Amount in Words) Three Thousand Six Hundred 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. ARMEE N. ROSEL

VP, Research & Extension Services

Authorized Official

COMMISSION ON AUDIT TS!!

RECEIVED

By: (N) Date: FEB 1 6-2022

Conforme:

HERMANA PHARMACY (Signature over printed name & date)

Bank Account Name:

Bank Account Number:

Bank Name: Bank Address:

Funds Available:

JASPER YAUDER, CPA

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

ALOBS No.: 11-207912-1927- 12-0004

Amount: \$ 3,600

Effectivity Date: August 24, 2020 Page 1 of 1

3/8/22

Small Value

20 calendar days

Total Cost

3,600.00

n/15