



PURCHASE ORDER

DELIVERY DUE DATE: 12/23/22

Procurement Unit
Telefax No.: 045-982-4630

Supplier : **HERMANA PHARMACY**
Address : Hospital Drive, San Vicente, Tarlac City
Type of Business : Merchandising
TIN No. : 446-613-036-000
Tel. No. : 0916-2889-5883/0931-855-5005/0927-666-9676

PR No.: 2022-09-288
PO No.: 2022-552
Date: 11/17/2022
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** Delivery Term: 30 calendar days
Date of Delivery: Payment Term: n/30

Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
1	set	Foldable Heavy-Duty Steel Wheel Chair , 120kg weight capacity, height 90 cm, Wheel chair Seat, width=70 cm Wheelchair, Backrest Height = 42 cm	15	4,450.00	66,750.00
3	pcs	Spine Board , Dimensions: Length 1830mm (±40mm), Width 406mm (±13mm), Thickness 58mm (±13mm) (16 ±0,5" x 72 ±1,5" x 2.5", Weighs 6.02kg (13.5 lbs.) (single board, Thickness, 2.3 inches, 14 handholds, Handhold width of 2 inches, Handhold length of 5.25 inches, Minimum storage space for 2 boards of approximately 4.00 inches, 12 Pins, Carbon fiber rods, CE marked, 5 year limited warranty. Latex free, Seamless rotation mold	20	3,400.00	68,000.00
					134,750.00

Purpose: For the Operationalization of Face-to-face Classes

(Total Amount in Words) One Hundred Thirty-Four Thousand Seven Hundred Fifty 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. GRACE N. ROSETE
Vice President for Administration
Authorized Official

Conformed to:

HERMANA PHARMACY 11/23/22
(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. :
Amount :