



PURCHASE ORDER

Procurement Unit

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

DELIVERY DUE DATE: 26 MAR 2025

Supplier: **VAX SOURCE TRADING MEDICAL SERVICES**
 Blk 86 Lot 63 Ph7 Deca Clark Residences & Resort, Marisol Village.
 Address: Margot, Angeles City, Pampanga
 Type of Business: Merchandising
 TIN No.: 288-070-415-000 VAT Reg.
 Tel. No.: 0915-775-9088

PR No.: 2024-11-461
 PO No.: 2025-124
 Date: 2/19/2025
 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**

Delivery Term: 30 Calendar days

Date of Delivery:

Payment Term: N/30

Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
2	box	BAND AID, Plastic strips 100pcs/box, (Exp. Date not less than 2yrs)	20	61.20	1,224.00
14	piece	ELASTIC BANDAGE, Brown 2"	100	23.12	2,312.00
19	box	GAUZE PAD, Sterile, 2x2, 100pcs/box, (Exp. Date not less than 3yrs)	3	186.32	558.96
21	bottle	GLASS IONOMER, Glass, liquid, 20mL	4	97.92	391.68
22	piece	GLASS IONOMER, Powder, 35g	4	84.32	337.28
23	box	GLOVES, Disposable/Nitrile/powder free (Large), (Exp. Date not less than 3yrs)	5	184.96	924.80
24	box	GLOVES, Disposable/Nitrile/powder free (Medium), (Exp. Date not less than 3yrs)	10	171.36	1,713.60
27	box	GLUCOMETER, Test Strip, One Touch Select Code 25 (Exp. Date not less than 2yrs)	12	1,196.80	14,361.60
34	piece	MASK, KN95, High-grade and Medical grade Non-woven Fabric, FDA Registered, (Exp. Date not less than 2yrs)	288	12.24	3,525.12
35	piece	MOUTH MIRROR, #4 (US Dontics)	10	136.00	1,360.00
43	piece	SPLINT, Sam splint finger/toe, consists of a layer of 0.16 inches (0.41mm)	10	161.84	1,618.40
48	box	SURGICAL TAPE, Transparent, 1"x10yards	3	46.24	138.72
sub-total:					28,466.16

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:

Lovely Bautista

2/24-25

VAX SOURCE TRADING MEDICAL SERVICES

(Signature over printed name & date)

Bank Account Name: Vax Source Trading and Medical Services

Bank Account Number: 0520-0030-37

Bank Name: BPI (Bank of the Philippines Islands) Angeles City Main Branch

Bank Address: Rizal Corner Burgos St. Angeles City Pampanga

Funds Available:

JASPER A. YAUDER, CPA

Budget Officer



ALOBS No.: 020700941-2025-02-0658
Amount: ₱32257.84



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 Type of Business: Merchandising
 TIN No.: 288-070-415-000 VAT Reg.
 Tel. No.: 0915-775-9088

PR No.: 2024-11-461
 PO No.: 2025-124
 Date: 2/19/2025
 Mode of Procurement: Small Value

Gentlemen:

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Delivery Term: 30 Calendar days

Date of Delivery:

Payment Term: N/30

Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
Balance Forwarded:					28,466.16
49	box	SURGICAL TAPE, Transparent, 1/2"x10yards	3	28.56	85.68
50	box	SURGICAL TAPE, Transparent, 2"x10yards	1	81.60	81.60
53	box	SYRINGE, Flowable Composite, 2g	2	503.20	1,006.40
55	pack	WIPES, Disinfecting (80-100sheets/pack)	15	74.80	1,122.00
56	pack	WIPES, Disinfecting (80-100sheets/pack)	20	74.80	1,496.00
***** Purpose: Supplies Medical and Dental APP-3rd Quarter 2024					<u>32,257.84</u>



(Total Amount in Words) Thirty-Two Thousand Two Hundred Fifty-Seven Pesos and Eighty-Four Centavos Only

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President

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Conforme:

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(Signature over printed name & date)

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Bank Account Number: 0520-0030-37

Bank Name: BPI (Bank of the Philippines Islands) Angeles City Main Branch

Bank Address: Rizal Corner Burgos St. Angeles City Pampanga

Funds Available:

JASPER A. YAUDER, CPA

Budget Officer

ALOBS No.: 02-2024-441-2025-02-0658
Amount: 32,257.84



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 Address : Margot, Angeles City, Pampanga
 Type of Business : Merchandising
 TIN No. : 288-070-415-000 VAT Reg.
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President

Authorized Official

Conforme:

VAX SOURCE TRADING MEDICAL SERVICES

(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: ₱ 32,257.84



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(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. : 02-2024-11-2025-02-0658
 Amount : ₱ 32,257.84