



PURCHASE ORDER

DELIVERY DUE DATE: 02 NOV 2024

Procurement Unit
Tel. No.: (045) 606-8142/ 606-8157

Supplier : **GLISHER PHARMACY**
Address : #1048 Supan Bldg., F. Tanedo St., Tarlac City
Type of Business : Merchandising
TIN No. : 328-948-372-000 Non-VAT
Tel. No. : 0949-888-9958/0916-215-0830/0908-168-8806

PR No.: 2024-06-260
PO No.: 2024-590
Date: 09/25/2024
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/15

Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
6 ✓	tablet	ANTACID, Ranitidine Hcl, 150mg, Exp. Date not less than 1 1/2yrs	200	3.00	600.00
11 ✓	cap	ANTIBIOTIC, Cefalaxin, 500mgs., Exp. Date not less than 1 1/2yrs	500	5.00	2,500.00
12 ✓	capsule	ANTIBIOTIC, Ciprofloxacin, 500mg., Exp. Date not less than 1 1/2yrs	500	7.50	3,750.00
14 ✓	tablet	ANTIBIOTIC, Co-Amoxiclav, 625mg., Exp. Date not less than 1 1/2yrs	800	15.00	12,000.00
25 ✓	tablet	ANTI-INFLAMMATORY, Prednisone, 20mg, Exp. Date not less than 1 1/2yrs	200	5.00	1,000.00
29 ✓	bottle (s)	ANTISEPTIC SOLUTION, Betadine, Providone-Iodine, 55g, dry powder spray 2.5% antiseptic, wound remedy, Exp. Date not less than 1 1/2yrs	10	270.00	2,700.00
39 ✓	tablet	DECONGESTANT, Nasatapp, Phenylpropanolamine HCl, Brompheniramine Maleate, Exp. Date not less than 1yr	500	8.00	4,000.00
55 ✓	capsule	PAIN RELIVER, Mefenamic Acid, 250mg, Exp. Date not less than 2yrs	200	3.00	600.00
56 ✓	tablet	PAIN RELIVER, Mefenamic Acid, 500mg, Exp. Date not less than 1 1/2yrs	800	3.00	2,400.00
***** Purpose: Medicines - APP 2nd Quarter 2024					29,550.00

(Total Amount in Words) Twenty-Nine Thousand Five 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. ARNOLD E. VELASCO
President
Authorized Official



Conforme: *M. J. Yauder* 10/3/24

GLISHER PHARMACY

(Signature over printed name & date)

Bank Account Name: _____
Bank Account Number: _____
Bank Name: _____
Bank Address: _____

Funds Available:

Jasper A. Yauder
JASPER A. YAUDER, CPA
Budget Officer

ALOBS No. : 02-2024-10-2112
Amount : 29,550.00