



PURCHASE ORDER

Procurement Unit

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

DELIVERY DUE DATE: 3/22/24

Supplier: **BESDRUG MERCHANDIZE NON-SPECIALIZED WHOLESALE TRADING**

Address: **142 Guevarra Street, Poblacion, Tarlac City**

Type of Business: **Merchandising**

TIN No.: **341-151-276-000 Non-VAT**

Tel. No.: **0906-213-8687**

PR No.: **2023-12-492**

PO No.: **2024-110**

Date: **2/7/2024**

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
36	bottle	OMEGA PAIN COOLER. Omega Pain Killer 15ml.	40	69.00	2,760.00
37	bottle	SPRAY, A Game Muscle Recovery Magnesium Spray, 300mL.	60	769.00	46,140.00
41	box	COTTON SWAB, Cotton tipped applicator with 6" wood shaft, single tip, sterile, (100/box)	6	349.00	2,094.00
42	box	SURGICAL TAPE, Transparent, 1/2" x 10 yards	3	1,099.00	3,297.00
43	box	SURGICAL TAPE, Transparent, 1" x 10 yards	3	1,099.00	3,297.00
51	pack	WIPES, for hand and body use, brand: Lysol 50s on the go wipes	60	399.00	23,940.00
52	bottle	WIPES, for disinfecting, brand: Clorox	20	899.00	17,980.00
53	bottle	WIPES, for disinfecting, brand: Clorox	20	899.00	17,980.00
..... <i>Purpose: Medical Equipment, Supplies and Medicines</i>					117,488.00

(Total Amount in Words) One Hundred Seventeen Thousand Four Hundred 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

Conforme:

2/21/24



Very truly yours,

DR. GRACE N. ROSETE
Vice President for Administration
Authorized Official

BESDRUG MERCHANDIZE NON-SPECIALIZED

(Signature over printed name & date)

Bank Account Name: **BESDRUG MERCHANDIZE NON- SPECIALIAZED WHOLESALE TRADING**

Bank Account Number: **00 - 5 - 29016 - 550 - 5**

Bank Name: **DBP TARLAC**

Bank Address: **DBP TARLAC**

Funds Available:

IASPER A. YAUDER, CPA

Budget Officer

ALOBS No.: **00 - 10001 - 0204 - 09 - 0000**

Amount: **₱ 117,488.00**



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Very truly yours,

DR. GRACE N. ROSETE
Vice-Chancellor for Administration
Authorized Official

Conforme:

BESDRUG MERCHANDIZE NON-SPECIALIZED
(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.: 12-101101-2024-02-0194
Amount: ₱ 117,488

