



PURCHASE ORDER

DELIVERY DUE DATE: 11/16/24

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

Supplier: **SHIELD DRUGSTORE AND MEDIMARKETING CORPORATION** PR No.: 2024-06-260
 Address: 50 Ancheta St. Cor. Bucaneg St. Catbangan, San Fernando City, La Union PO No.: 2024-598
 Type of Business: Merchandising Date: 9/25/2024
 TIN No.: 771-137-537-000 VAT Reg. Mode of Procurement: Small Value
 Tel. No.: 0917-729-8659/ (072) 619-2343

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	tube	ANESTHESIA, Xylocaine, Lidocaine Hcl, Injection, 5ml, exp date not less than 1 1/2 yrs.	5	56.10	280.50
2	tablet	ANTACID, Kremil-S, Aluminum Hydroxide, Magnesium Hydroxide, Simethicone, exp date not less than 1 1/2yrs.	500	8.75	4,375.00
4	tablet	ANTACID, Kremil-S Advance, Famotidine, Calcium Carbonate, Magnesium Hydroxide. Exp date not less than 1 1/2 yrs.	300	21.75	6,525.00
5	tablet	ANTACID, Omeprazole 40mg. Exp date not less than 1 1/2 yrs.	100	7.90	790.00
7	tablet	ANTI-ASTHMA, Doxofylline, 400mg. Exp date not less than 1 1/2yrs.	200	14.50	2,900.00
8	tablet	ANTI-ASTHMA, Salbutamol Sulfate, Bromhexine HCl, guaifenesin, exp date not less than 1 yr.	500	20.25	10,125.00
10	capsule	ANTIBIOTIC, Cefalexin 250mg. Exp date not less than 2yrs	200	4.48	896.00
15	tube	ANTIBIOTIC, Silver Sulfadiazine, exp date not less than 1 1/2 yrs.	3	90.00	270.00
16	cap	ANTI-DIARRHEA, Loperamide, exp date not less than 1 1/2yrs.	300	2.00	600.00
Sub-total:					26,761.50

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:

[Signature]
PETRONILO V. MENDOZA JR., RPH
 Lic. No. 0053372 10-7-2024

Very truly yours,

[Signature]
DR. ARNOLD E. VELASCO
 President

Authorized Official

SHIELD DRUGSTORE AND MEDIMARKETING CORPORATION

(Signature over printed name & date)

Bank Account Name: SHIELD DRUGSTORE AND MEDIMARKETING CORP.
 Bank Account Number: 114 0000 9429
 Bank Name: PHILIPPINE BUSINESS BANK
 Bank Address: SAN FERNANDO CITY LA UNION



Funds Available:

[Signature]
JASPER A. YAUDER, CPA
 Budget Officer

ALOBS No.: 02-20641-114-10-13174
 Amount: 119,314.75



PURCHASE ORDER

Procurement Unit
Tel. No. 045-606-0142/ 606-0157

DELIVERY DUE DATE: 11/16/24

Supplier: SHIELD DRUGSTORE AND MEDIMARKETING CORPORATION	PR No.: 2024-06-260
Address: 50 Ancheta St. Cor. Bucaneg St. Catbangan, San Fernando City, La Union	PO No.: 2024-598
Type of Business: Merchandising	Date: 9/25/2024
TIN No.: 771-137-537-000 VAT Reg.	Mode of Procurement: Small Value
Tel. No.: 0917-729-8659/ (072) 619-2343	

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
Balance Forwarded:					26,761.50
17	capsule	ANTIDIARRHEA, Hidrasec, Racecadotril, 100mg., Exp date not less than 7 months	500	54.00 ✓	27,000.00
20	tablet	ANTIHISTAMINE, Loratadine, 10mg, Exp date not less than 1 1/2 yrs	800	3.30 ✓	2,640.00
21	tablet	ANTI-HYPERTENSION, Captopril, 25mg, Exp date not less than 1 1/2 yrs	50	1.50 ✓	75.00
22	tablet	ANTI-HYPERTENSIVE, Amlodipine, 5mgs. Exp date not less than 3 yrs.	100	1.75 ✓	175.00
24	vial	ANTI-INFLAMMATORY, Hydrocortisone Sodium succinate, 100 mg/2ml (Act-O-Vial), Exp date not less than 1 1/2 yrs.	15	72.80 ✓	1,092.00
26	tablet	ANTIPYRETIC, Tempra, 325mg. Exp date not less than 2 yrs.	200	4.00 ✓	800.00
31	tablet	ANTISPASMODIC, Buscopan Venus, Hyoscine N-Butylbrommide + Paracetamol 10mg/500mg. Exp date not less than 1 yr.	500	36.90 ✓	18,450.00
33	cap	ANTITUSSIVE, Dextromethorphan HBr, Phenylephrine HCl, Paracetamol. Exp date not less than 1 1/2 yrs	300	10.50 ✓	3,150.00
35	tablet	ANTI-VOMITING, Metoclopramide, 10mg. Exp date not less than 1 1/2 yrs.	50	2.50 ✓	125.00
36	amp	ANTI-VOMITING, Metoclopramide, Exp date not less than 1 1/2 yrs	5	14.25 ✓	71.25
<i>Sub-total:</i>					80,339.75

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

Conforme:

[Signature]
PETRONILO V. MENDOZA JR., RPP

Lic. No. 0053372

10-7-2024

Authorized Official *[Signature]*

SHIELD DRUGSTORE AND MEDIMARKETING CORPORATION

(Signature over printed name & date)

Bank Account Name: SHIELD DRUGSTORE AND MEDIMARKETING CORP.

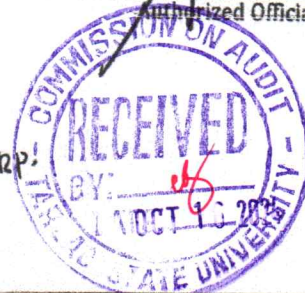
Bank Account Number: 114 0000 9420

Bank Name: PHILIPPINE BUSINESS BANK

Bank Address: SAN FERNANDO CITY LA UNION

Funds Available:

[Signature]
JASPER A. YAUDER, CPA
Budget Officer



ALOBS No.: 02-2024-10-3124

Amount: 119,316.75



PURCHASE ORDER

Procurement Unit

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

DELIVERY DUE DATE: 11/6/24

Supplier: **SHIELD DRUGSTORE AND MEDIMARKETING CORPORATION** PR No.: 2024-06-260
 Address: 50 Ancheta St. Cor. Bucaneg St. Catbangen, San Fernando City, La Union PO No.: 2024-598
 Type of Business: Merchandising Date: 9/25/2024
 TIN No.: 771-137-537-000 VAT Reg. Mode of Procurement: Small Value
 Tel. No.: 0917-729-8659/ (072) 619-2343

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
Balance Forwarded:					80,339.75
37	tablet	DECONGESTANT, Bioflu, Phenylephrine, Chlorphenamine, Paracetamol 10mg/2mg/500. Exp date not less than 2yrs.	500	8.50	4,250.00
38	tablet	DECONGESTANT, Neozep Forte, Phenylephrine, Chlophenamine, Paracetamol 10mg/2mg/500. Exp date not less than 2yrs.	500	6.00	3,000.00
40	capsule	DIETARY SUPPLEMENTARY, Multi Vitamins. Exp date not less than 1 1/2yrs.	500	2.50	1,250.00
41	tablet	DIETARY SUPPLEMENTARY, Pharex, Vitamin B Complex. Exp date not less than 1 yr.	300	4.75	1,425.00
45	bottle(s)	OINTMENT, Caladryl, Calamine + Diphenhydramine, 30ml. Exp date less than 2 yrs.	5	165.00	825.00
46	tube	OINTMENT, Elica, Mometasone Furoate, 10g. Exp date not less than 1 1/2yrs.	10	505.00	5,050.00
47	tube	OINTMENT, Foskina B, Mupirocin + Betamethasone Dipropionate, 5g. Exp date not less than 1yr.	10	506.80	5,068.00
49	bottle(s)	OINTMENT, Omega Painkiller, 120ml, PRO, Exp date not less than 1 1/2 yrs.	40	117.60	4,704.00
50	tube	OINTMENT, Betadine, Povidone-Iodine, 10% Topical ointment 5g. Exp date not less than 2 yrs.	5	290.00	1,450.00
52	cap	PAIN RELIEVER, Alaxan FR, Ibuprofen + Paracetamol 500g/325mg. Exp date not less than 2yrs.	100	8.50	850.00
<i>Sub-total:</i>					108,211.75

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

Conforme:

PETRONILO V. MENDOZA JR., RPH

Lic. No. 0053372

10-7-2024

Authorized Official

SHIELD DRUGSTORE AND MEDIMARKETING CORPORATION

(Signature over printed name & date)

Bank Account Name: SHIELD DRUGSTORE AND MEDIMARKETING CORP.

Bank Account Number: 147000009429

Bank Name: PHILIPPINE BUSINESS BANK

Bank Address: SAN FERNANDO CITY LA UNION



Funds Available:

JASPER VAUDER, CPA

Budget Officer

ALOBS No.: 02-Mun-1-2024-10-21147

Amount: 119,314.75



PURCHASE ORDER

DELIVERY DUE DATE: 11/16/24

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

Supplier: SHIELD DRUGSTORE AND MEDIMARKETING CORPORATION	PR No.: 2024-06-260
Address: 50 Ancheta St. Cor. Bucaneg St. Catbangan, San Fernando City, La Union	PO No.: 2024-598
Type of Business: Merchandising	Date: 9/25/2024
TIN No.: 771-137-537-000 VAT Reg.	Mode of Procurement: Small Value
Tel. No.: 0917-729-8659/ (072) 619-2343	

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
Balance Forwarded:					108,211.75
54	tube	PAIN RELIEVER, Fastum, Ketoprofen Gel. Exp date not less than 2 yrs.	15	465.00 ✓	6,975.00
57	amp	PAIN RELIEVER, Tramadol, Solution, for injection. Exp date not less than 1 1/2 yrs.	5	40.00 ✓	200.00
61	bottle(s)	SOLUTION, Plain lactated ringer's, for IV Infusion, 100mL	2	120.00 ✓	240.00
63	amp	VACCINE, Tetanus Toxoid, vaccine. Exp date not less than 1 1/2 yrs.	20	184.50 ✓	3,690.00
***** Purpose: Medicines - APP 2nd Quarter 2024					119,316.75

(Total Amount in Words) One Hundred Nineteen Thousand Three Hundred Sixteen Pesos and Seventy Five Centavos 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:

PETRONILO V. MENDOZA JR., RPH
Lic. No. 0053372

10-7-2024

SHIELD DRUGSTORE AND MEDIMARKETING CORPORATION

(Signature over printed name & date)

Bank Account Name: SHIELD DRUGSTORE AND MEDIMARKETING CORP
 Bank Account Number: 11400009429
 Bank Name: PHILIPPINE BUSINESS BANK
 Bank Address: SAN FERNANDO CITY LA UNION



Funds Available:

JASPER A. YAUDER, CPA
Budget Officer

ALOPS No.: 02-Mend-2024-10-7124
Amount: 119,316.75



PURCHASE ORDER

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

DELIVERY DUE DATE: 11/16/24

Supplier : SHIELD DRUGSTORE AND MEDIMARKETING CORPORATION	PR No.: 2024-06-260
Address : 50 Ancheta St. Cor. Bucaneg St. Catbangen, San Fernando City, La Union	PO No.: 2024-598
Type of Business : Merchandising	Date: 9/25/2024
TIN No. : 771-137-537-000 VAT Reg.	Mode of Procurement: Small Value
Tel. No. : 0917-729-8659/ (072) 619-2343	

Gentlemen:

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Date of Delivery:	Payment Term: N/30

Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
1	tube	ANESTHESIA , Xylocaine, Lidocaine Hcl, Injection, 5ml, exp date not less than 1 1/2 yrs.	5	56.10	280.50
2	tablet	ANTACID , Kremil-S, Aluminum Hydroxide, Magnesium Hydroxide, Simethicone, exp date not less than 1 1/2yrs.	500	8.75	4,375.00
4	tablet	ANTACID , Kremil-S Advance, Famotidine, Calcium Carbonate, Magnesium Hydroxide. Exp date not less than 1 1/2 yrs.	300	21.75	6,525.00
5	tablet	ANTACID , Omeprazole 40mg. Exp date not less than 1 1/2 yrs.	100	7.90	790.00
7	tablet	ANTI-ASTHMA , Doxofylline, 400mg. Exp date not less than 1 1/2yrs.	200	14.50	2,900.00
8	tablet	ANTI-ASTHMA , Salbutamol Sulfate, Bromhexine HCl, guaifenesin, exp date not less than 1 yr.	500	20.25	10,125.00
10	capsule	ANTIBIOTIC , Cefalexin 250mg. Exp date not less than 2yrs	200	4.48	896.00
15	tube	ANTIBIOTIC , Silver Sulfadiazine, exp date not less than 1 1/2 yrs.	3	90.00	270.00
16	cap	ANTI-DIARRHEA , Loperamide, exp date not less than 1 1/2yrs.	300	2.00	600.00
<i>Sub-total:</i>					26,761.50

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Very truly yours,

DR. ARNOLD E. VELASCO
President

Authorized Official

Conforme:

SHIELD DRUGSTORE AND MEDIMARKETING CORPORATION

(Signature over printed name & date)

Bank Account Name: _____

Bank Account Number: _____

Bank Name: _____

Bank Address: _____



Funds Available:

JASPER A. MAUDER, CPA
Budget Officer

ALOBS No.: 02-206441-2024-10-3174

Amount: 119,316.75



PURCHASE ORDER

DELIVERY DUE DATE: 11/6/24

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

Supplier : SHIELD DRUGSTORE AND MEDIMARKETING CORPORATION	PR No.:	2024-06-260
Address : 50 Ancheta St. Cor. Bucaneg St. Catbangan, San Fernando City, La Union	PO No.:	2024-598
Type of Business : Merchandising	Date:	9/25/2024
TIN No. : 771-137-537-000 VAT Reg.	Mode of Procurement:	Small Value
Tel. No. : 0917-729-8659/ (072) 619-2343		

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
Balance Forwarded:					26,761.50
17	capsule	ANTIDIARRHEA , Hidrasec, Racecadotril, 100mg, Exp date not less than 7 months	500	54.00	27,000.00
20	tablet	ANTIHISTAMINE , Loratadine, 10mg, Exp date not less than 1 1/2 yrs	800	3.30	2,640.00
21	tablet	ANTI-HYPERTENSION , Captopril, 25mg, Exp date not less than 1 1/2 yrs	50	1.50	75.00
22	tablet	ANTI-HYPERTENSIVE , Amlodipine, 5mgs. Exp date not less than 3 yrs.	100	1.75	175.00
24	vial	ANTI-INFLAMMATORY , Hydrocortisone Sodium succinate, 100 mg/2ml (Act-O-Vial), Exp date not less than 1 1/2 yrs.	15	72.80	1,092.00
26	tablet	ANTIPYRETIC , Temptra, 325mg. Exp date not less than 2 yrs.	200	4.00	800.00
31	tablet	ANTISPASMODIC , Buscopan Venus, Hyoscine N-Butylbrommide + Paracetamol 10mg/500mg. Exp date not less than 1 yr.	500	36.90	18,450.00
33	cap	ANTITUSSIVE , Dextromethorphan HBr, Phenylephrine HCl, Paracetamol. Exp date not less than 1 1/2 yrs	300	10.50	3,150.00
35	tablet	ANTI-VOMITING , Metoclopramide, 10mg. Exp date not less than 1 1/2 yrs.	50	2.50	125.00
36	amp	ANTI-VOMITING , Metoclopramide, Exp date not less than 1 1/2 yrs	5	14.25	71.25
<i>Sub-total:</i>					80,339.75

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:

SHIELD DRUGSTORE AND MEDIMARKETING CORPORATION

(Signature over printed name & date)

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



Funds Available:

JASPER AYAUDE, CPA
Budget Officer

ALOBS No. : 02-26641-2024-10-2179
Amount : 119,316.75



PURCHASE ORDER

DELIVERY DUE DATE: 11/6/24

Procurement Unit

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

Supplier : **SHIELD DRUGSTORE AND MEDIMARKETING CORPORATION**
 Address : **50 Ancheta St. Cor. Bucaneg St. Catbangan, San Fernando City, La Union**
 Type of Business : Merchandising
 TIN No. : 771-137-537-000 VAT Reg.
 Tel. No. : 0917-729-8659/ (072) 619-2343

PR No.: 2024-06-260
 PO No.: 2024-598
 Date: 9/25/2024
 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/30

Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
Balance Forwarded:					80,339.75
37	tablet	DECONGESTANT , Bioflu, Phenylephrine, Chlorphenamine, Paracetamol 10mg/2mg/500. Exp date not less than 2yrs.	500	8.50	4,250.00
38	tablet	DECONGESTANT , Neozep Forte, Phenylephrine, Chlorphenamine, Paracetamol 10mg/2mg/500. Exp date not less than 2yrs.	500	6.00	3,000.00
40	capsule	DIETARY SUPPLEMENTARY , Multi Vitamins. Exp date not less than 1 1/2yrs.	500	2.50	1,250.00
41	tablet	DIETARY SUPPLEMENTARY , Pharex, Vitamin B Complex. Exp date not less than 1 yr.	300	4.75	1,425.00
45	bottle(s)	OINTMENT , Caladryl, Calamine + Diphenhydramine, 30ml. Exp date less than 2 yrs.	5	165.00	825.00
46	tube	OINTMENT , Elica, Mometasone Furoate, 10g. Exp date not less than 1 1/2yrs.	10	505.00	5,050.00
47	tube	OINTMENT , Foskina B, Mupirocin + Betamethasone Dipropionate, 5g. Exp date not less than 1yr.	10	506.80	5,068.00
49	bottle(s)	OINTMENT , Omega Painkiller, 120ml, PRO, Exp date not less than 1 1/2 yrs.	40	117.60	4,704.00
50	tube	OINTMENT , Betadine, Povidone-Iodine, 10% Topical ointment 5g. Exp date not less than 2 yrs.	5	290.00	1,450.00
52	cap	PAIN RELIEVER , Alaxan FR, Ibuprofen + Paracetamol 500g/325mg. Exp date not less than 2yrs.	100	8.50	850.00
<i>Sub-total:</i>					108,211.75

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:

SHIELD DRUGSTORE AND MEDIMARKETING CORPORATION

(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. : 02-20241-2024-10-3174
 Amount: 119,316.75



PURCHASE ORDER

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

DELIVERY DUE DATE: 11/16/24

Supplier : SHIELD DRUGSTORE AND MEDIMARKETING CORPORATION	PR No.:	2024-06-260
Address : <u>50 Ancheta St. Cor. Bucaneg St. Catbangen, San Fernando City, La Union</u>	PO No.:	2024-598
Type of Business : <u>Merchandising</u>	Date:	9/25/2024
TIN No. : <u>771-137-537-000 VAT Reg.</u>	Mode of Procurement:	<u>Small Value</u>
Tel. No. : <u>0917-729-8659/ (072) 619-2343</u>		

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
		Balance Forwarded:			108,211.75
54	tube	PAIN RELIEVER , Fastum, Ketoprofen Gel. Exp date not less than 2 yrs.	15	465.00	6,975.00
57	amp	PAIN RELIEVER , Tramadol, Solution, for injection. Exp date not less than 1 1/2 yrs.	5	40.00	200.00
61	bottle(s)	SOLUTION , Plain lactated ringer's, for IV Infusion, 100mL	2	120.00	240.00
63	amp	VACCINE , Tetanus Toxoid, vaccine. Exp date not less than 1 1/2 yrs.	20	184.50	3,690.00
					119,316.75
***** Purpose: Medicines - APP 2nd Quarter 2024					

(Total Amount in Words) One Hundred Nineteen Thousand Three Hundred Sixteen Pesos and Seventy Five Centavos 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:

Very truly yours,

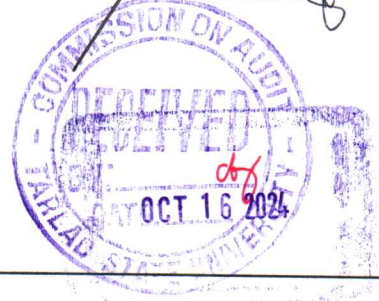
DR. ARNOLD E. VELASCO
President

Authorized Official

SHIELD DRUGSTORE AND MEDIMARKETING CORPORATION

(Signature over printed name & date)

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



Funds Available:

JASPER A. YAUDER, CPA
Budget Officer

ALOS No. : Dr 2024-10-3174
Amount : 119,316.75