



PURCHASE ORDER

Procurement Unit

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

DELIVERY DUE DATE:

5/16/21

Supplier : **AYAMED DRUG DISTRIBUTOR**

Address : 490 shaw blvd., J.Luna cor., Bagong Silang, Mandaluyong, Philippines

Type of Business: Merchandising Business

TIN#: 408-997-822-000

Tel. No. : (02) 8635-7743/7978-0893/0995-331-7639

PR No.: 2021-02-053

PO No.: 2021-120

Date: 3/31/2021

Mode of Procurement: Small Value

Please furnish this office the following articles subject to the terms and conditions contained herein:

Place of Delivery: **TARLAC STATE UNIVERSITY**

Date of Delivery: _____

Delivery Term: 30 Calendar Days

Payment Term: N/30

Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
2	box	BAND AID, plastic strips 100pcs/box	10	100.00	1,000.00
6	pack	COTTON BALLS, 150 pcs/pack, pure and absorbent cotton	5	50.00	250.00
13	box	GLUCOMETER, Test Strip only for One Touch Select: Code 25 (FBS Screening)	10	1,200.00	12,000.00
21	pc	NEBULIZATION KIT with Mouth Piece with mask	20	60.00	1,200.00
24	tank	OXYGEN TANK 20	1	5,000.00	5,000.00
***** Purpose: for PPMP 2021 (Medical Supplies)					19,450.00

(Total Amount in Words) Nineteen Thousand Four 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. ARMEE N. ROSEL

VP, Research & Extension Services

Authorized Official

Conforme:

Apr 16, 2021

AYAMED DRUG DISTRIBUTOR

(Signature over printed name & date)

Bank Account Name: Ayamed Drug Distributor by Melodia Garniel

Bank Account Number: 2311-1004-35

Bank Name: LANDBANK

Bank Address: Maysilo circle Mandaluyong



Funds Available:

ELENA MAY T. TEOFILO
Budget Officer

ALOBS No.: D-1021012021-04-051
Amount: ₱ 19,450

No.: TSU-PRO-SF-09

Revision No. 3

Effectivity Date : August 24, 2020

Page 1 of 1

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4/27/2021*



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Bank Account Name: _____

Bank Account Number: _____

Bank Name: _____

Bank Address: _____

Funds Available:

ELENA MAY T. TEOFILO
Budget Officer

ALOBS No.: 02-102101-2021-04-018
Amount: ₱ 19,450

COMMISSION ON AUDIT - TSU

RECEIVED

By: [Signature] Date: 16 APR 2021