



PURCHASE ORDER

Procurement Unit

Tel./fax No.: 045-982-4630

DELIVERY DUE DATE: COD

Supplier: NEW CITIZEN'S DENTAL SUPPLY AND GENERAL MERCHANDISE	PR No.: <u>2019-02-037</u>
Address: <u>655 P. Paterno St., Quiapo, Manila</u>	PO No.: <u>2019-225</u>
TIN No.: <u>103-794-486-000 Non-VAT</u>	Date: <u>4/4/2019</u>
Tel. No.: <u>733-2977/733-2982/733-3769</u>	Mode of Procurement: <u>Small Value</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: <u>Pick-Up</u>
Date of Delivery:	Payment Term: <u>COD</u>

Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
1	bottle	ALCOHOL, Isopropyl with moisturizer, 70%, 50ml	20	80.00	1,600.00
2	pack	DENTAL BIB, assorted color, 100pcs	20	150.00	3,000.00
6	pcs	CROSS BAR, Left and Right, Trumpf	2	750.00	1,500.00
7	bottle	DESCOCEPT, AF 100ml, Metiricide, 1 gallon	10	1,700.00	17,000.00
15	box	NEEDLE, Disposable Dental, 27G-long, Store Jest, 100's	2	250.00	500.00
16	canister	OIL, Spray Lubricant Handpiece, 120ml	2	150.00	300.00
18	pack	SALIVA EJECTOR, disposable, PVC material	10	150.00	1,500.00
20	bottle	SOLUTION, Normal Saline, 1000ml, Irrigation Solution	2	60.00	120.00
21	pcs	STRAIGHT ELEVATOR, Dental Elevator, Trumpf	2	260.00	520.00
***** * * *****					26,040.00
Purpose: to be used by DHC					

(Total Amount in Words) Twenty Six Thousand Forty Pesos Only

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. GLENARD T. MADRAGA
VP, Admin. & Finance
Authorized Official

By: Date: 11 APR 2019

Conforme:



NEW CITIZEN'S DENTAL SUPPLY AND GENERAL MERCHANDISE

(Signature over printed name & date)

Bank Account Name: _____

Bank Account Number: _____

Bank Name: _____

Bank Address: _____

Funds Available:

JESUS S. DANGANAN
Budget Officer IV

ALOBS No. : _____

Amount : _____



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COMMISSION ON AUDIT, TSU

RECEIVED

By: _____ Date: _____ Time: _____

4.11.2019 AS 11 APR 2019

Very truly yours,

DR. GLENARD T. MADRAGA

VP. Admin. & Finance

Authorized Official

Conforme:

JOSE TIAN CHIONG O. SIY

NEW CITIZEN'S DENTAL SUPPLY AND GENERAL MERCHANDISE

(Signature over printed name & date)

Bank Account Name: DEVIT BANK OF THE PHILS.
Bank Account Number: SA# 0405-019.554-530
Bank Name: NEW CITIZEN'S DENTAL SUPPLY AND GEN. MERCH.
Bank Address: H.O. Manila

Funds Available:

IESUS S. DANGANAN

ALOBS No.:

Amount:

ok noted
4/22/2019