



PURCHASE ORDER

DELIVERY DUE DATE: 9/8/23

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

Supplier: **SHEILD DRUGSTORE AND MEDIMARKETING CORPORATION**
Address: **50 Ancheta St. Cor. Bucaneg St. Catbangen, 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.: **2023-07-255**
PO No.: **2023-368**
Date: **8/11/2023**
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: **20 calendar days**
Date of Delivery: _____ Payment Term: **n/15**

Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
1	pcs	ANTI-INFLAMATORY , Hydrocortisone Sodium Succinate 100mg, Stericort.	30	220.00	6,600.00
2	pcs	ANTI-VOMITING , Metoclopramide 10mg, Plasil	100	18.75	1,875.00
3	pcs	OINTMENT , Mupirocin+Bethamethasone Dipropionate 5g, Foskina B	30	680.00	20,400.00
4	pcs	PAIN RELIEVER , Fukolac 330mg/ml x 1ml ampule	20	66.00	1,320.00
***** Purpose: Medicine for UHS - APP 2023 1st Qtr					30,195.00

(Total Amount in Words) Thirty Thousand One Hundred Ninety Five 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,

Conforme:

AARON G. CABRERA 8/19/23
SALES REPRESENTATIVE

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

SHEILD DRUGSTORE AND MEDIMARKETING CORPORATION

(Signature over printed name & date)

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

RECEIVED
August 24, 2023

Funds Available:

JASPER A. YAUDER, CPA
Budget Officer

ALOBS No.: **11-266441-023-0196**
Amount: **₱ 30,195**



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

Conforme:

SHEILD 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.: 02-206441-2023-08-1916
 Amount: ₱30,195-