



PURCHASE ORDER

DELIVERY DUE DATE: 03-01-2020

Procurement Unit

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

Supplier : **GACN ENTERPRISES**
Address : Ilang-Ilang St., San Vicente, Tarlac City
TIN#: 245-990-975-000 VAT Reg.
Tel. No. : 0933-129-4370

PR No.: 2019-11-474
PO No.: 2020-066
Date: 1/29/2020
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
1	tablet	HYOSCINE N-BUTYLBROMIDE (BUSCOPAN)	500	34.50	17,250.00
2	tablet	PHENYLEPHRINE, Chlorphenamine, Paracetamol 10 mg/ 2mg/ 500 (Bioflu)	1000	12.00	12,000.00
4	capsule	DEXTROMETHORPHAN HBr, Phenylephrine HCl,	500	20.00	10,000.00
6	pair	GLOVES, Sterile	50	55.00	2,750.00
7	vial	WATER, Sterile 50ml	5	120.00	600.00
8	tablet	PARACETAMOL, 500mg (Biogesic)	3000	9.00	27,000.00
9	bottle	HAND SANITIZER, 1 Liter	5	1,200.00	6,000.00
10	bottle	CALAMINE + DIPHENHYDRAMINE	10	300.00	3,000.00
12	bottle	EYEDROPS, Tobramycin	5	600.00	3,000.00
16	tablet	PHENYLPROPANOLAMINE HCl, Brompheniramine Maleate (Zeditapp)	500	23.00	11,500.00
17	bottle	SPRAY, Cool Spray (Perkindol Classic or Cool Spray) ***** Purpose: Medical Supplies	50	900.00	45,000.00
					<u>138,100.00</u>

(Total Amount in Words) One Hundred Thirty Eight Thousand One Hundred 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. GLENARD T. MADRIAGA
VP, Admin. & Finance
Authorized Official

Conforme:

GACN ENTERPRISES

(Signature over printed name & date)

Bank Account Name: _____

Bank Account Number: _____

Bank Name: _____

Bank Address: _____

Funds Available:

JESUS S. DANGANAN
Budget Officer

ALOBS No. :
Amount :



ah mtd
2/5/20