

Supplier: **IOSHRICH PHARMA AND MEDICAL SUPPLIES DISTRIBUTION**
 Address: **Zone 06, Balzain Highway Centro 11, Santiago City, Isabela**
 Type of Business: **Merchandising**
 TIN No.:
 Tel. No.: **0917-323-1236**

PR No.: **2024-10-410**
 PO No.: **2025-034**
 Date: **01/16/2025**
 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**
 Date of Delivery:
 Delivery Term: **30 Calendar days**
 Payment Term: **n/15**

Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
3	piece	SPINE BOARD WITH STRAP, ith holes around the stretcher for convenient transportation, On head end there is a space to fix head immobilizer, Floats in water, Equipped with 2 safety belts, Spider strap (optional), Size: Length 184 x Width 45 x Height 6cm, Load capacity: 160kg.	1	3,000.00	3,000.00
5	can	DISINFECTANT SPRAY, Fragrance-Free; Pack Size: 280ML; Kills 99.9% virus, bacteria and fungus	10	350.00	3,500.00
6	set	FIRST AID KIT, For hazardous workplace either portable or mounted type. Should be compliant to DOLE-OSH Standards to contain the following: Topical Antiseptic, 60 cc.; Antiseptic eyewash, 120 cc.; Isopropyl Alcohol, 240 cc.; Aromatic Spirit of Ammonia, 30 cc.; Toothache drops, 15 cc.; Hydrogen peroxide solution, 120 cc.; Burn ointment, 1 tube; Analgesic/Antipyretic, 20 tablets; Antacid tablets 10; Anti-diarrhea 10 tablets. FOR MEDICAL SUPPLIES: First Aid pamphlet (1); First Aid box (1); Thermometer (1); Sterile gauze pads (5); Gauze bandage, 1 roll; Adhesive tape, 1 roll; Bandage scissors (1); Triangular bandage (1); Tongue depressors wooden (100); Hot Water bag (1); Ice bag (1); Rubber tourniquet (1); Waste pail (1); For TSU-ATL use.	4	5,000.00	20,000.00
sub-total:					26,500.00

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:

Abana
 22 JAN 2025

IOSHRICH PHARMA AND MEDICAL SUPPLIES DISTRIBUTION

(Signature over printed name & date)

Bank Account Name: **RONAN JOSHUA IBARRA DEON**
 Bank Account Number: **0121-4265-87**
 Bank Name: **LAND BANK**
 Bank Address: **SANTIAGO - BRANCH**



Funds Available:

Jasper A. Yauder
JASPER A. YAUDER, CPA
 Budget Officer

ALOBS No.: **11-70644-105-01-0129**

Amount: **74,700.00**



PURCHASE ORDER

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

DELIVERY DUE DATE: 21 FEB 2025

Supplier: **IOSHRICH PHARMA AND MEDICAL SUPPLIES DISTRIBUTION**
Address: Zone 06, Balzain Highway Centro 11, Santiago City, Isabela
Type of Business: Merchandising
TIN No.:
Tel. No.: 0917-323-1236

PR No.: 2024-10-410
PO No.: 2025-034
Date: 01/16/2025
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**
Date of Delivery: Delivery Term: 30 Calendar days
Payment Term: n/15

Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
7	set	HAND SANITIZER , Antibacterial Hand Sanitizer Gel Type; Anti-Bacterial & Virucidal: Helps prevent the spread of disease, Odorless: Perfumed-free, essential for food safety & hygiene requirement, Soft to Hands: Leaves hand feeling refreshed, Rinse Free, Transparent Appearance, Clear Color, 0.91 Specific Gravity, Alcohol Odor, pH - 8.5, Viscous, Soluble, set (4 chy x 4 Liters) with Safety Data Sheet (SDS), Training/ Seminar on Proper handling of chemicals and sanitation best practices, With free Sanitizer dispenser, Equipment and Product Technical Services, and Monitoring Services	4	6,000.00	26,500.00 24,000.00
8	gallon	ISOPROPYL ALCOHOL , 70% solution, ISO certified, FDA approved, antiseptic & antibacterial, with hand moisturizer and dermatology tested, with aloe vera scent, with Safety Data Sheet (SDS) (1 gal)	33	400.00	13,200.00
9	kit	FIRST AID KIT , Contents: HARD CASE MULTI COMPARTMENT ORGANIZER CASE CONTENT: 21- antiseptic towelettes 36-Alcohol prep pads 6-sting relief pads 20-Povidone - Iodine prep pads 22- Cotton Balls 1- Instant Cold compress 6x9 1- English First Aid	2	5,000.00	10,000.00
sub-total:					73,700.00

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:

[Signature] 22 JAN 2025

IOSHRICH PHARMA AND MEDICAL SUPPLIES DISTRIBUTION

(Signature over printed name & date)

Bank Account Name: RONAN JOSHUA IBARRA BIDA
Bank Account Number: 0121-4265-87
Bank Name: LAND BANK
Bank Address: (SANTIAGO) - PLANA



Funds Available:

[Signature]
JASPER A. YAUDER, CPA
Budget Officer

ALOBS No.: 11-10041-2025-11-0225
Amount: 74,700.00

PURCHASE ORDER

Procurement Unit

Tel No: (045) 606-8142 / 606-8157

DELIVERY DUE DATE: **21 FEB 2025**

Supplier: **IOSHRICH PHARMA AND MEDICAL SUPPLIES DISTRIBUTION**

Address: **Zone 06, Balzain Highway Centro 11, Santiago City, Isabela**

Type of Business: **Merchandising**

TIN No.: **779-226-847-00000 VAT Reg.**

Tel. No.: **0917-323-1236**

PR No.: **2024-10-410**

PO No.: **2025-034**

Date: **01/16/2025**

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/15**

Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
		Balance Forwarded:			73,700.00
10	box	Guide 20-Adhesive Bandage 1-x3-50- Adhesive Bandage 3-8 x1-1-260- Adhesive Bandage 3x3-4 10-butterfly closure Bandages 4-Nitrile examination Gloves 1- GKB 400 Box size 33x30x9cm 18-wound closure strips 1-4--1-1-2-2-gauze roll 2-x4. 1 yards 2- Eye Pads 8- sterile gauze pads 2-x2-4-sterile gauze pads 4-x4-1-Sterile trauma pad 5-x9-30-Cotton tip applicators 1-adhesive tape roll 1x5 yards 5-finger splints 1-triangular Bandage 40-x40-x56-1-tweezers 1- metal scissors GLOVES, disposable, nitrile, powder free, large (Exp. Date not less than 3yrs) warranty: 1 Year ***** Purpose: Medical and Dental Supplies APP-1st Quarter (Laboratory use)	5	200.00	1,000.00
					74,700.00

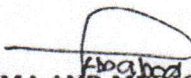
(Total Amount in Words) Seventy-Four Thousand Seven Hundred Pesos Only

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

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DR. ARNOLD E. VELASCO
President

Conforme:

 **22 JAN 2025**

IOSHRICH PHARMA AND MEDICAL SUPPLIES DISTRIBUTION

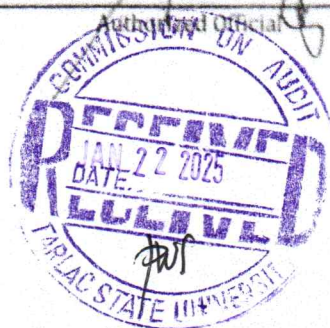
(Signature over printed name & date)

Bank Account Name: Ronan Juchua Joaquin B. B. B.


Bank Account Number: 0121-1265-87

Bank Name: Landbank

Bank Address: (PHARMACY) - BRANCH



Funds Available:


JASPER A. YAUDER, CPA
Budget Officer

ALOBS No.: 12-200441 2025-01-0239
Amount: 74,700.00



PURCHASE ORDER

DELIVERY DUE DATE: 21 FEB 2025

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

Supplier : **IOSHRICH PHARMA AND MEDICAL SUPPLIES DISTRIBUTION**
Address : Zone 06, Balzain Highway Centro 11, Santiago City, Isabela
Type of Business : Merchandising
TIN No. :
Tel. No. : 0917-323-1236

PR No.: 2024-10-410
PO No.: 2025-034
Date: 01/16/2025
Mode of Procurement: Small Value

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DR. ARNOLD E. VELASCO
President

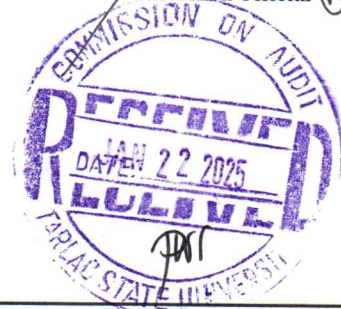
Authorized Official

Conforme:

IOSHRICH PHARMA AND MEDICAL SUPPLIES DISTRIBUTION

(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. : 12-7024/41-2025-01-0239
Amount : 74,700.00



PURCHASE ORDER

DELIVERY DUE DATE: 21 FEB 2025

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

Supplier : **JOSHRICH PHARMA AND MEDICAL SUPPLIES DISTRIBUTION**
Address : Zone 06, Balzain Highway Centro 11, Santiago City, Isabela
Type of Business : Merchandising
TIN No. :
Tel. No. : 0917-323-1236

PR No.: 2024-10-410
PO No.: 2025-034
Date: 01/16/2025
Mode of Procurement: Small Value

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Conforme:

JOSHRICH PHARMA AND MEDICAL SUPPLIES DISTRIBUTION

(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. : 01-100441-2025-01-0254
Amount : 74,700.00



PURCHASE ORDER

DELIVERY DUE DATE: 21 FEB 2025

Procurement Unit

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

Supplier : **IOSHRICH PHARMA AND MEDICAL SUPPLIES DISTRIBUTION**
 Address : Zone 06, Balzain Highway Centro 11, Santiago City, Isabela
 Type of Business : Merchandising
 TIN No. : 779-226-847-00000 VAT Reg.
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					<u>74,700.00</u>

(Total Amount in Words) Seventy-Four Thousand Seven Hundred Pesos Only

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President

Authorized Official

Conforme:

IOSHRICH PHARMA AND MEDICAL SUPPLIES DISTRIBUTION

(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. : 02-2024/41-2025-01-0239
 Amount: 74,700.00