



PURCHASE ORDER

Procurement Unit
Tel. No.: (045) 606-8110 local 157/142

DELIVERY DUE DATE: 14 MAY 2025

Supplier : **GLISHER PHARMACY**
Address : #1048 Supan Bldg., F. Tanedo St., Tarlac City
Type of Business : Merchandising
TIN No. : 328-948-372-000 Non-VAT
Tel. No. : 0949-888-9950

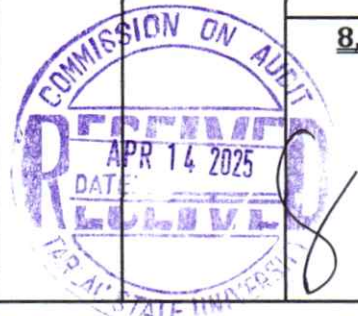
PR No.: 2025-01-039
PO No.: 2025-219
Date: 04/10/2025
Mode of Procurement: Shopping

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
43	tablet	ANTI-VOMITING , Metoclopramide, 10mg, Exp date not less than 2 yrs	50	3.00	150.00
46	tablet	DECONGESTANT , Phenylephrine, Chlophenamine, Paracetamol 10mg/2mg/500 (Neozep), Exp date not less than 2 yrs	1000	6.50	6,500.00
61	tube	OINTMENT , Betadine, Povidone-Iodine, 10% topical ointment, 5g., Exp date not less than 2 yrs	5	315.00	1,575.00
***** Purpose: Medicines - APP 2025					8,225.00



(Total Amount in Words) Eight Thousand Two Hundred Twenty-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,

APR 11 2025
DR. ARNOLD E. VELASCO
President

Authorized Official

Conforme:

GLISHER PHARMACY

(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. : 82-10101- 2025-04-0448
Amount : ₱8225-