



PURCHASE ORDER

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

DELIVERY DUE DATE: 4/16/2021

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. : 0916-215-0830

PR No.: 2020-02-052
PO No.: 2021-100
Date: 3/11/2021
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**
Date of Delivery: _____
Delivery Term: 30 Calendar days
Payment Term: n/30

Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
1	bottle	ALCOHOL, 70% 500ml Isopropyl alcohol	150	105.00	15,750.00
2	bottle	SODIUM CHLORIDE SOLUTION, 0.9%, for IV infusion, 1000ml, Euromed	3	105.00	315.00
3	bottle	DEXTROSE IN LACTATEDRINGER'S SOLUTION, 5%, For IV infusion, 1000ml, Euromed	3	105.00	315.00
9	capsule	CELECOXIB, 200mg, Generic	800	8.00	6,400.00
12	tablet	CO-AMOXICLAV, 625mg, Generic	1000	20.00	20,000.00
16	tablet	DOXOFYLLINE, 400mg	200	24.00	4,800.00
17	tablet	FAMOTADINE, Calcium Carbonate, Magnesium Hydroxide, Kremil-S Adv.	200	24.50	4,900.00
20	tablet	HYOSCINE N-BUTYLBROMIDE + PARACETAMOL, 10mg/500mg, Advance, Buscopan Plus	500	32.00	16,000.00
21	tablet	HYOSCINE N-BUTYLBROMIDE, 10mg, Hiospan	500	20.00	10,000.00
22	capsule	IBUPROFEN + PARACETAMOL, 200mg/325mg, Alaxan	100	10.00	1,000.00
23	softgel	IBUPROFEN, 200MG, Medicol	200	7.00	1,400.00
28	tablet	LORATADINE, 10mg, Generic	3000	5.00	15,000.00
30	tablet	MECLIZINE, Generic	500	6.00	3,000.00
32	ampule	METOCLOPRAMIDE	10	55.00	550.00
33	tablet	METOCLOPRAMIDE, 10mg	50	5.00	250.00
34	tube	MOMETASONE FUROATE, Momate	10	455.00	4,550.00
36	tube	MUPIROCIN, Generic	15	165.00	2,475.00
Sub-Total					106,705.00

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. ARMEE N. ROSEL
VP, Research & Extension Services
Authorized Official

COMMISSION ON AUDIT - TSU
RECEIVED
By: - Date: 17 MAR 2021

Conforme:
3/17/2021
GLISHER PHARMACY
(Signature over printed name & date)

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

Funds Available:
ELENA MAY T. TEOFILO
Head, Budget Office

ALOBS No.: 02-102107-21-03-0169
Amount: ₱181,015.00

ok posted 3/18/21



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Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
37	tube	<i>Balance Forwarded</i> MUPIROCIN + BETAMETHASONE DIPROPIONATE, Foskina B	15	570.00	106,705.00
40	tablet	PHENYLEPHRINE, CHLORPHENAMINE, PARACETAMOL, 10mg/2mg/500, Bioflu	300	8.50	8,550.00
41	tablet	PHENYLEPHRINE, CHLORPHENAMINE, PARACETAMOL, 10mg/2mg/500, Neozep	300	6.00	2,550.00
42	tablet	PHENYLPROPANOLAMINE HCl, BROMPHENIRAMINE MALEATE, Nasatapp	200	9.00	1,800.00
43	bottle	POVIDONE IODINE, 120ml, J. Chemie	10	120.00	1,200.00
44	box	POVIDONE IODINE SWABSTICK	20	200.00	4,000.00
45	bottle	POVIDONE IODINE, 55g, Betadine Dry Powder spray, 2.5% antiseptic, Wound remedy	10	266.00	2,660.00
48	capsule	RACECADOTRIL, Hidrasec	500	50.00	25,000.00
49	tablet	RANITIDINE hci, 150mg, Generic	100	4.00	400.00
50	nebule	SALBUTAMOL NEBULES, Hivent	30	15.00	450.00
51	tablet	SALBUTAMOL SULFATE, BROMHEXINE HCl, GUAIFENESIN, Pecof	1000	19.00	19,000.00
52	tube	SILVER SULFADIAZINE, Generic	5	200.00	1,000.00
53	tube	SODIUM FUSIDATE OINTMENT, Fucidin	5	430.00	2,150.00
55	ampule	TETANUS TOXOID, Generic	10	130.00	1,300.00
56	bottle	TOBRAMYCIN EYEDROP, Generic	10	180.00	1,800.00
57	ampule	TRAMADOL, Generic	10	65.00	650.00
***** Purpose: for PPMP 2021 Medicine					181,015.00

(Total Amount in Words) One Hundred Eighty One Thousand Fifteen Pesos Only

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Very truly yours,

DR. ARMEE N. ROSEL
VP, Research & Extension Services
Authorized Official



Conforme:

GLISHER PHARMACY

(Signature over printed name & date)

3/17/2021

Bank Account Name: _____

Bank Account Number: _____

Bank Name: _____

Bank Address: _____

Funds Available:

ELENA MAY T. TEOFILO
Head, Budget Office

ALOBS No.: 02-192101-21-03-0155
Amount: ₱ 181,015