



PURCHASE ORDER

Procurement Unit

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

DELIVERY DUE DATE: 12/21/23

Supplier : **CLEARBRIDGE MEDICAL PHILIPPINES INC.**
 Address : 33 V. Luna St. V. Luna Avenue, Barangay Pinyahan, Quezon City
 Type of Business : **Merchandising**
 TIN No. : 008-989-742-000 VAT Reg
 Tel. No. : 0917-705-4402

PR No.: 2023-10-387
 PO No.: 2023-581
 Date: 11/14/2023
 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: 30 calendar days
 Date of Delivery: Payment Term: n/15

Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
1	piece	RAPID ANTIGEN TEST, (covid-19 rapid test nasal), brand: wondfo <i>warranty: 3 months</i> ***** <i>Purpose: emergency purchase (for DUHS use)</i>	200	125.00	<u>25,000.00</u>

(Total Amount in Words) Twenty-Five Thousand 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,

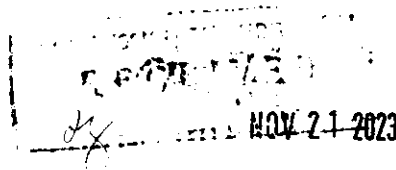
Conforme: MR. RHOLIE JOHN A. REYES 11/21/23
 GEN. SALES MANAGER

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

CLEARBRIDGE MEDICAL PHILIPPINES INC.

(Signature over printed name & date)

Bank Account Name: CLEARBRIDGE MEDICAL PHILIPPINES INC.
 Bank Account Number: 003640418292
 Bank Name: BANCO DE ORO - MATALINO BRANCH
 Bank Address: QUEZON CITY



Funds Available:
JASPER A. YAUDER, CPA
 Budget Officer

ALOBS No.: 12 2023-10-387-581-2023
 Amount:



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DR. GRACE N. ROSETE
Vice President for Administration

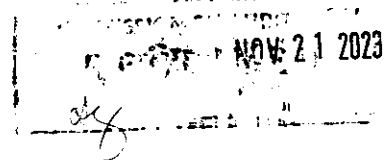
Authorized Official 

Conforme:

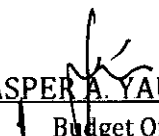
CLEARBRIDGE MEDICAL PHILIPPINES INC.

(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.: 02-202441-2023-11-2669
Amount: