



PURCHASE ORDER

DELIVERY DUE DATE: 8/17/23

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

Supplier : **AYAMED DRUG DISTRIBUTOR**
Address : 490 shaw blvd., J.Luna cor., Bagong Silang, Mandaluyong
Type of Business : Merchandising
TIN No. : 408-997-822-000
Tel. No. : (02) 425-3069/635-7743

PR No.: 2023-05-215
PO No.: 2023-302
Date: 7/7/2023
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**
Date of Delivery:

Delivery Term: 30 calendar days
Payment Term: n/15

Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
4	cap	ANTACID, Omeprazole, 40mg	1000	8.00	8,000.00
8	capsule	ANTIBIOTIC, Cefalexin, 250mg, Exp date not less than 2 yrs	1000	4.00	4,000.00
9	cap	ANTIBIOTIC, Cefalexin, 500mg	500	5.00	2,500.00
15	amp	ANTIHISTAMINE, Diphenhydramine, Exp date not less than 1 1/2yrs	30	3.00	90.00
20	vial	ANTI-INFLAMATORY, Hydrocortisone sodium succinate, 100mg/2ml (Act-O-Vail), Exp date not less than 1 1/2yrs	30	400.00	12,000.00
21	tablet	ANTI-INFLAMATORY, Prednisone, 20mg, Exp date not less than 1 1/2yrs	300	3.00	900.00
22	tablet	ANTIPYRETIC, Paracetamol, 325mg, Exp date not less than 2 yrs	200	5.00	1,000.00
25	bottle	ANTISEPTIC SOLUTION, Povidone-Iodine, 55g, Dry powder spray, 2.5% antiseptic, wound remedy	5	300.00	1,500.00
26	box	ANTISEPTIC SOLUTION, Povidone-Iodine, Swabstick, 50pcs/box	20	400.00	8,000.00
37	table	DIETARY SUPPLEMENTARY, Vitamin B Complex	500	4.00	2,000.00
42	tube	OINTMENT, Mometasone Furoate, 10g, Exp date not less than 1 1/2yrs	5	200.00	1,000.00
44	tube	OINTMENT, Mupirocin + Bethamethasone Dipropionate, 5g, Exp date not less than 1yr	10	400.00	4,000.00
46	tube	OINTMENT, Povidone-Iodine, 10% topical ointment, 5g, Exp date not less than 2 yrs	5	350.00	1,750.00
49	softgel	PAIN RELEIVER, Ibuprofen, 200mg, Exp date not less than 1yr	300	2.00	600.00
53	amp	PAIN RELEIVER, Tramadol, Solution, for injection, Exp date not less than 1 1/2yrs	10	80.00	800.00
***** Purpose: For medical services unit use - PPMP 3rd qtr					48,140.00

(Total Amount in Words) Forty Eight Thousand One Hundred Forty 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. GRACE N. ROSETE
Vice President for Administration
Authorized Official

Conforme: *[Signature]* 7/18/23

AYAMED DRUG DISTRIBUTOR

(Signature over printed name & date)

Bank Account Name: LANDBANK
Bank Account Number: 2311-1004-35
Bank Name: Ayamed Drug Distributor by Melodia Garniel
Bank Address: Maysilo circle Mandaluyong

COMMISSION ON AUDIT TSU
RECEIVED
Date: 2023 8 1 7 00

Funds Available:

[Signature]
JASPER A. YAUDER, CPA
Budget Officer

ALOBS No.: 02-10201-2023-03-0317
Amount: ₱48,140



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Very truly yours,

DR. GRACEN ROSETE
Vice President for Administration
Authorized Official

Conforme:

AYAMED DRUG DISTRIBUTOR

(Signature over printed name & date)
Bank Account Name: _____
Bank Account Number: _____
Bank Name: _____
Bank Address: _____

COMMISSION ON AUDIT - TSU
RECEIVED
Date: JUL 18 2023

Funds Available:

JASPER A. YAUDER, CPA
Budget Officer

ALOBS No. : 02-02101-2023-07-0347
Amount : ₱48,140