



PURCHASE ORDER

Procurement Unit

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

DELIVERY DUE DATE:

1/14/25

Supplier: **AFFORDACARE PLUS TRADING**
 Address: Suria St., Old Sta. Maria Village, Balibago, Angeles City, Pampanga
 Type of Business: Merchandising
 TIN No.: 190-786-482-001 VAT Reg.
 Tel. No.: 0943-516-9750

PR No.: 2024-10-430
 PO No.: 2024-011
 Date: 12/13/2024
 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: 20 Calendar days

Date of Delivery:

Payment Term: N/30

Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
2	piece	EYE DROP, Rapidax warranty: 30 days ***** Purpose: Medicines - APP-2nd Quarter	5	600.00	<u>3,000.00</u>

(Total Amount in Words) Three 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,

DR. ARNOLD E. VELASCO
President

Conforme:

[Signature] 12/20/24

AFFORDACARE PLUS TRADING

(Signature over printed name & date)

Bank Account Name: AFFORDACARE PLUS TRADING

Bank Account Number: 8763025293

Bank Name: BPI

Bank Address: CLARK

Funds Available:

[Signature]
JASPER A. YAUDER, CPA
Budget Officer



ALOPS No.: 17-11441-2024-12-4777

Amount: 3,000.00



PURCHASE ORDER

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Address : Surla St., Old Sta. Maria Village, Balibago, Angeles City, Pampanga
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President

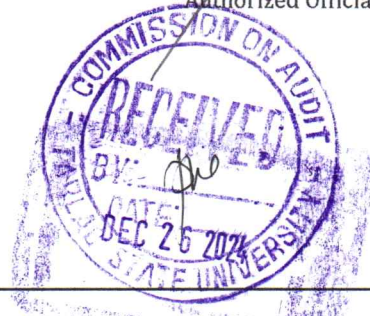
Authorized Official

Conforme:

AFFORDACARE PLUS TRADING

(Signature over printed name & date)

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



Funds Available:

JASPER A. YAUDER, CPA
Budget Officer

ALÖBS No. : 02-706441-774-12-407
Amount : 3,000.00