



PURCHASE ORDER

DELIVERY DUE DATE: 4/4/19

Procurement Unit
Telefax No.: 045-982-4630

Supplier: **PRIMEGOLD CARE TRADING**
Address: Lot 222 Blk 3 Phase 2, Greenbreeze Subd., Brgy. San Isidro, Rodriguez, Rizal
TIN No.: 188-333-657-000 VAT Reg.
Tel. No.: 0939-839-7753

PR No.: 2019-01-005
PO No.: 2019-103
Date: 2/26/2019
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
44	bottle	ALCOHOL, Rubbing, 40%, Isopropyl, 500ml	10	60.00	600.00
57	pack	CUP, Paper Cup, 8oz.	5	55.00	275.00
58	pcs	BANDAGE, Elastic, Brown, 3"	30	18.00	540.00
59	pcs	BANDAGE, Elastic, Brown, 4"	30	24.00	720.00
60	pcs	BANDAGE, Elastic, Brown, 2"	100	15.00	1,500.00
33	box	MASK, face, non-woven earloop, 100pcs/box, paper mask	2	200.00	400.00
96	roll	PLASTER, medical	1	210.00	210.00
97	pack	PLATE, Paper, 9", 25pcs/pack	3	60.00	180.00
99	bottle	SANITIZER, Hand sanitizer, anti-bacterial, kills 99.99% of germs, 55ml	30	45.00	1,350.00
					5,775.00

Purpose: Various Medical Supplies for MSO use - APP 2019 1st Quarter (GAA)

Total Amount in Words) Five Thousand Seven Hundred Seventy Five Pesos Only
In case of failure to make full delivery within the time specified above, a penalty of one-tenth (1/10) of one percent or every day of delay shall be imposed.

COMMISSION ON AUDIT - TSU
RECEIVED
By: [Signature] Date: Mar 06 2019 Time: _____

Very truly yours,
DR. GLENARD T. MADRIAGA
VP, Admin. & Finance
Authorized Official [Signature]

Conforme: [Signature]
PRIMEGOLD CARE TRADING

Signature over printed name & date) 2/26/19
Bank Account Name: 2/26/19 GARAIS / PRIMEGOLD CARE TRADING
Bank Account Number: 0891 - 1212 - 67
Bank Name: LAND BANK
Bank Address: EDSA CONGRESSIONAL

*all posted
3/6/19*



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Payment Term: N/15

Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
4	bottle	ALCOHOL, Rubbing, 40%, Isopropyl, 500ml	10	60.00	600.00
57	pack	CUP, Paper Cup, 8oz.	5	55.00	275.00
58	pcs	BANDAGE, Elastic, Brown, 3"	30	18.00	540.00
59	pcs	BANDAGE, Elastic, Brown, 4"	30	24.00	720.00
60	pcs	BANDAGE, Elastic, Brown, 2"	100	15.00	1,500.00
83	box	MASK, face, non-woven earloop, 100pcs/box, paper mask	2	200.00	400.00
96	roll	PLASTER, medical	1	210.00	210.00
97	pack	PLATE, Paper, 9", 25pcs/pack	3	60.00	180.00
99	bottle	SANITIZER, Hand sanitizer, anti-bacterial, kills 99.99% of germs, 55ml	30	45.00	1,350.00
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Very truly yours,

DR. GLENARD T. MADRIAGA
VP, Admin. & Finance
Authorized Official

COMMISSION ON AUDIT-TSU
RECEIVED
By: *[Signature]* Date: _____ Time: _____
MAR 06 2019

Conforme:

PRIMEGOLD CARE TRADING

(Signature over printed name & date)

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

Funds Available:

[Signature]
JESUS S. DANGANAN
Budget Officer IV

ALOBS No. :
Amount :