



PURCHASE ORDER

DELIVERY DUE DATE: 4/4/19

Procurement Unit
Telephone No.: (045) 606-0142

Supplier: **GACN ENTERPRISES**
Address: #2 Blk 3, Ilang-Ilang St., San Vicente, Tarlac City
TIN No.: 245-990-975-000 VAT Reg.
Tel. No.: 0933-129-4370

PR No.: 2019-01-005
PO No.: 2019-096
Date: 2/22/2019
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/30

Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
1	tab	AMLODIPINE, 5mgs	200	3.35	670.00
3	tab	CAPTROPIL, Angiotensin converting Enzyme, 25mgs	50	7.25	362.50
4	cap	CEFALEXIN, 500mgs	500	5.00	2,500.00
5	cap	CELECOXIB, 200mgs	500	7.80	3,900.00
6	cap	CELECOXIB, 400mgs	1000	27.00	27,000.00
7	cap	CLINDAMYCIN, 300mgs	1000	10.50	10,500.00
8	amp	DIPHENHYDRAMINE, antihistamine	20	92.50	1,850.00
9	tab	DOMPERIDONE, Antiemetic	30	12.00	600.00
10	tab	FAMOTADINE, Calcium Carbonate, Magnesium Hydroxide, Kremil-S Advance	800	24.50	19,600.00
11	tab	HYOSCINE N-BUTYLBROMIDE + PARACETAMOL, 10mg/500mg, antispasmodics	500	33.75	16,875.00
12	softgel	IBUPROFEN, 200mg	600	9.45	5,670.00
13	cap	IBUPROFEN + PARACETAMOL, 500mgs	600	11.50	6,900.00
15	amp	KETOROLAC, nonsteroidal anti-inflammatory drugs	15	88.00	1,320.00
16	cap	LOPERAMIDE, 2mg	300	4.70	1,410.00
17	tab	LORATADINE, 10mg	3000	3.35	10,050.00
19	tab	METOCLOPRAMIDE, 10mg	50	4.50	225.00
20	amp	METOCLOPRAMIDE, Metoclopramide	10	53.00	530.00
23	tube	MOMETAZONE FUROATE	10	350.00	3,500.00
24	tube	MUPIROCIN + BETHAMETHASONE, Dipropionate	20	440.00	8,800.00
				Balance Forwarded	122,262.50

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. GLENNARD T. MADRIAGA
VP, Admin. & Finance
Authorized Official

Conforme: **JOSEPH E. DULAY**
(Signature)
3/5/19

GACN ENTERPRISES

(Signature over printed name & date)

Bank Account Name: _____

Bank Account Number: _____

Bank Name: _____

Bank Address: _____

Funds Available: _____

JESUS S. DANGANAN
Budget Officer IV

ALOBS No.: _____
Amount: _____

COMMISSION ON AUDIT-TSU
RECEIVED
By: _____ Date: MAR 05 2019

all parts 3/5/19



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Telephone No.: (045) 606-0142

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Delivery Term: 30 calendar days
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Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
					122,262.50
			Forwarded Balance		
25	cap	OMEPRAZOLE, Proton pump inhibitors, 20mgs	300	4.80	1,440.00
26	caplet	PARACETAMOL, 500mgs	3000	5.25	15,750.00
27	tab	PHENYLEPHRINE HCL, CHLORPHENAMINE MALEATE, zeditapp	500	18.95	9,475.00
28	tab	PHENYLEPHRINE, Chlorphenamine, 500mgs	2000	7.75	15,500.00
29	tab	PHENYLPROPANOLAMINE and BROMPHENIRAMINE	500	9.00	4,500.00
31	btl	RACECADOTRIL, 100mgs	500	48.00	24,000.00
32	tab	RANITIDINE, Hcl, 150mg	300	5.25	1,575.00
34	nebules	SALBUTAMOL, nebules	500	13.00	6,500.00
36	amp	TETANUS TOXOID, Tetanus Vaccine	25	119.00	2,975.00
37	btl	TOBRAMYCIN, eyedrop	5	278.00	1,390.00
39	tab	VITAMIN, B Complex	100	4.00	400.00
45	cap	AMOXICILLIN, 500mg	400	2.50	1,000.00
46	tablet	ANTACID, Kremil-S	1000	8.35	8,350.00
74	tablet	HYOSINE, Buscopan, 10mg	500	27.70	13,850.00
87	cap	MEFENAMIC ACID, 500mg	3400	2.80	9,520.00
90	tube	OINTMENT, Flammazine Burn, Silver Sulfadiazine	15	338.80	5,082.00
91	tube	OINTMENT, Mupirocin, Foskina B	20	452.00	9,040.00
92	cap	OMEPRAZOLE, 20mgs	300	4.70	1,410.00
93	caplet	PARACETAMOL, Biogesic, 500mgs	3000	6.35	19,050.00
					273,069.50

Purpose: Various Medicines (APP 2019 1st Qtr) GAA

(Total Amount in Words) Two Hundred Seventy Three Thousand Sixty Nine Pesos and 50/100 Only
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. GLENARD T. MADRIAGA
VP. Admin. & Finance
Authorized Official

Conforme: **JOSEPH E. DULAY**
3/5/19

GACN ENTERPRISES
(Signature over printed name & date)

COMMISSION ON AUDIT - TSU
RECEIVED
By: [Signature] Date: MAR 05 2019

Bank Account Name: _____
Bank Account Number: _____
Bank Name: _____
Bank Address: _____
Funds Available: _____

JESUS S. DANGANAN
Budget Officer IV

ALOBS No. : _____
Amount : _____