



# PURCHASE ORDER

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

**DELIVERY DUE DATE: 02 MAR 2025**

Supplier: **GOLD PHARMACEUTICALS ASIA INCORPORATED** PR No.: 2024-09-362  
 Address: Lot 1035 B-2, Sitio Tanpoco, Brgy. Matatalajb, Tarlac City PO No.: 2025-049  
 Type of Business: Merchandising Date: 01/22/2025  
 TIN No.: 009-998-131-000 VAT Reg. Mode of Procurement: Small Value  
 Tel. No.: 0945-334-3769

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
2	tablet	ANTACID, (Zilgam), Aluminum Hydroxide, Magnesium Hydroxide, Simeicone, Exp. Date not less than 1 1/2yrs	500	8.00	4,000.00
13	cap	ANTIBIOTIC, (Clinda Gold), Clindamycin, 300mgs., Exp. Date not less than 1 yr	500	8.00	4,000.00
16	cap	ANTI-DIARRHEA, (Diacure), Loperamide, Exp. Date not less than 1 1/2yrs	300	1.50	450.00
18	tablet	ANTIHISTAMINE, (Ceticit), Cetirizine, 10mg	600	1.00	600.00
19	amp	ANTIHISTAMINE, (Rabaphen), Diphenhydramine, Exp. Date not less than 1 1/2yrs	20	40.00	800.00
24	vial	ANTI-INFLAMATORY, (Hydrocortisone), Hydrocortisone Sodium succinate, 100mg/2ml (Act-O-Vial), Exp. Date not less than 1 1/2yrs	20	70.00	1,400.00
28	bottle (s)	ANTISEPTIC SOLUTION, (J.Chemie), Providone-Iodine, 120ml solution, Exp. Date not less than 1 1/2yrs	5	75.00	375.00
sub-total:					<b>11,625.00</b>

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: *Cristina C. Cardouque*  
CRISTINA C. CARDOUQUE  
1-31-2025

**GOLD PHARMACEUTICALS ASIA INCORPORATED**  
 (Signature over printed name & date)  
 Bank Account Name: \_\_\_\_\_  
 Bank Account Number: \_\_\_\_\_  
 Bank Name: \_\_\_\_\_  
 Bank Address: \_\_\_\_\_



Funds Available:  
*Jasper A. Yauder*  
**JASPER A. YAUDER, CPA**  
Budget Officer

ALOBS No.: 02-2024-2025-01-0367  
Amount: ₱41030



# PURCHASE ORDER

DELIVERY DUE DATE: 02 MAR 2025

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

Supplier: **GOLD PHARMACEUTICALS ASIA INCORPORATED**  
Address: Lot 1035 B-2, Sitio Tanpoco, Brgy. Matatalaib, Tarlac City  
Type of Business: Merchandising  
TIN No.: 009-998-131-000 VAT Reg.  
Tel. No.: 0945-334-3769

PR No.: 2024-09-362  
PO No.: 2025-049  
Date: 01/22/2025  
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  
Payment Term: n/15

Date of Delivery:

Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
		<b>Balance Forwarded:</b>			11,625.00
30	box	ANTISEPTIC SOLUTION, Providone-Iodine, swabstick, 50pcs/box, Exp. Date not less than 1 yrs	-10	145.00	1,450.00
33	tablet	ANTIPASMODIC, (Hyoswell), Hyoscine, N-Butylbromide, 10mg, Exp. Date not less than 2 yrs	-400	4.50	1,800.00
35	tablet	ANTI-VERTIGO, (Novomit), Meclizine, Exp. Date not less than 2 yrs	-300	3.50	1,050.00
44	bottle (s)	EYE DROP, (Ramitob), Tobramycin, Exp. Date not less than 1 1/2 yrs	-10	110.00	1,100.00
46	bottle (s)	OINTMENT, (Caladryl), Calamine + Dyphenhydramine, 30ml, Exp. Date not less than 2 yrs	-10	170.00	1,700.00
47	tube	OINTMENT, (mmfred), Mometasone Furoate, 10g, Exp. Date not less than 1 1/2 yrs	-10	70.00	700.00
		sub-total:			19,425.00

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: *Christine C. Garbique*  
1-31-2025



## GOLD PHARMACEUTICALS ASIA INCORPORATED

(Signature over printed name & date)

Bank Account Name: \_\_\_\_\_  
Bank Account Number: \_\_\_\_\_  
Bank Name: \_\_\_\_\_  
Bank Address: \_\_\_\_\_

Funds Available:

*Jasper A. Yauder*  
**JASPER A. YAUDER, CPA**  
Budget Officer

ALOBS No.: 02-206441-2025 01-4767  
Amount: ₱ 410.00



# PURCHASE ORDER

DELIVERY DUE DATE: 02 MAR 2025

Procurement Unit  
Tel No. 045-606-0142/606-0157

Supplier: **GOLD PHARMACEUTICALS ASIA INCORPORATED**  
Address: Lot 1035 B-2, Sitio Tanpeco, Brgy. Matatalab, Tarlac City  
Type of Business: Merchandising  
TIN No.: 009-998-131-000 VAT Reg.  
Tel. No.: 0945-334-3769

PR No.: 2024-09-362  
PO No.: 2025-049  
Date: 01/22/2025  
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

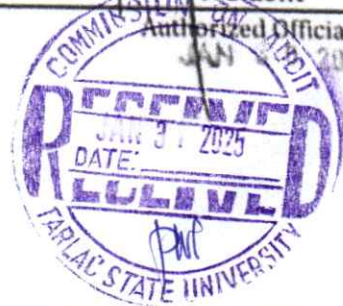
Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
<b>Balance Forwarded:</b>					<b>19,425.00</b>
48	tube	<b>OINTMENT</b> , (Bactreat-B), Mupirocin + Bethamethasone Dipropionate, 5g, Exp. Date not less than 1 yr	-10	348.00	3,480.00
49	tube	<b>OINTMENT</b> , (Mupiderm), Mupirocin, Exp. Date not less than 1 yr	10	85.00	850.00
50	bottle (s)	<b>OINTMENT, (Omega)</b> , Pain Killer, 120ml, PRO, Exp. Date not less than 1 1/2 yrs	50	120.00	6,000.00
51	tube	<b>OINTMENT</b> , (Betadine Oint), Providone-Iodine, 10% topical ointment, 5g., Exp. Date not less than 2 yrs	5	302.00	1,510.00
52	tube	<b>OINTMENT</b> , (Fusinov), Sodium Fusidate, Exp. Date not less than 1 1/2yrs	5	95.00	475.00
53	cap	<b>PAIN RELIEVER</b> , (I-Laxx), Ibufrofen + Paracetamol 500mg/325mg, Exp. Date not less than 2 yrs	100	2.25	225.00
56	amp	<b>PAIN RELIEVER</b> , (Ketorolac), Ketolac, Exp. Date not less than 1 1/2yrs	10	25.00	250.00
sub-total:					<b>32,215.00</b>

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: *Christina E. Parabaut*  
1-31-2025



## GOLD PHARMACEUTICALS ASIA INCORPORATED

(Signature over printed name & date)

Bank Account Name: \_\_\_\_\_  
Bank Account Number: \_\_\_\_\_  
Bank Name: \_\_\_\_\_  
Bank Address: \_\_\_\_\_

Funds Available:

*Jasper A. Yauder*  
**JASPER A. YAUDER, CPA**  
Budget Officer

ALOBS No.: 02-206441-2025-01-057  
Amount: P91030-

# PURCHASE ORDER

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

**DELIVERY DUE DATE:** 02 MAR 2025

**Supplier:** GOLD PHARMACEUTICALS ASIA INCORPORATED  
**Address:** Lot 1035 B-2, Sitio Tanpoco, Brgy. Matatalaib, Tarlac City  
**Type of Business:** Merchandising  
**TIN No.:** 009-998-131-000 VAT Reg.  
**Tel. No.:** 0945-334-3769

**PR No.:** 2024-09-362  
**PO No.:** 2025-049  
**Date:** 01/22/2025  
**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

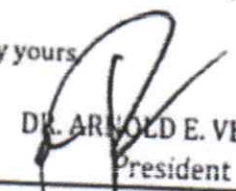
Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
<b>Balance Forwarded:</b>					
59	amp	<b>PAIN RELIEVER, (Ambidol), Tramadol,</b> solution, for injection, Exp. Date not less than 1 1/2yrs	10	18.00	32,215.00 180.00
63	bottle (s)	<b>SOLUTION, (Euromed), Plain lactated</b> ringer's, for IV Infusion 100ml	3	95.00	285.00
66	cap	<b>VITAMINS, (Protect Zinc), Sodium</b> Ascorbate / Ascorbic Acid with Zinc, Exp. Date not less than 1 1/2yrs	800	3.00	2,400.00
67	box	<b>ANTIBIOTIC, (Ambimox), Amoxicillin</b> 500mg 100/box	3	300.00	900.00
68	bottle (s)	<b>ORAL RINSE, (Orahex), Orahex Forte 500ml</b>	5	620.00	3,100.00
69	box	<b>TRANEXAMIX ACID HEMOSTAN,</b> (Hemostan), 500mg 100/box	3	650.00	1,950.00
					<b><u>41,030.00</u></b>

.....  
 Purpose: Medicines - APP 3rd Quarter 2024

(Total Amount in Words) Forty-One Thousand Thirty 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

Conforme: CRISTINA C. GARDUÑA  
 1-31-2025

Very truly yours  
  
**DR. ARNOLD E. VELASCO**  
 President



**GOLD PHARMACEUTICALS ASIA INCORPORATED**  
 (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.:** 02-206441-2025-01-0367  
**Amount:** P41030



# PURCHASE ORDER

Procurement Unit

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

**DELIVERY DUE DATE:** 02 MAR 2025

Supplier : **GOLD PHARMACEUTICALS ASIA INCORPORATED**  
 Address : Lot 1035 B-2, Sitio Tanpoco, Brgy. Matatalaib, Tarlac City  
 Type of Business : Merchandising  
 TIN No. : 009-998-131-000 VAT Reg.  
 Tel. No. : 0945-334-3769

PR No.: 2024-09-362  
 PO No.: 2025-049  
 Date: 01/22/2025  
 Mode of Procurement: Small Value

Gentlemen:

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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
2	tablet	<b>ANTACID</b> , (Zilgam), Aluminum Hydroxide, Magnesium Hydroxide, Simeticone, Exp. Date not less than 1 1/2yrs	500	8.00	4,000.00
13	cap	<b>ANTIBIOTIC</b> , (Clinda Gold), Clindamycin, 300mgs., Exp. Date not less than 1 yr	500	8.00	4,000.00
16	cap	<b>ANTI-DIARRHEA</b> , (Diacure), Loperamide, Exp. Date not less than 1 1/2yrs	300	1.50	450.00
18	tablet	<b>ANTIHISTAMINE</b> , (Ceticit), Cetirizine, 10mg	600	1.00	600.00
19	amp	<b>ANTIHISTAMINE</b> , (Rabaphen), Diphenhydramine, Exp. Date not less than 1 1/2yrs	20	40.00	800.00
24	vial	<b>ANTI-INFLAMATORY</b> , (Hydrocortisone), Hydrocortisone Sodium succinate, 100mg/2ml (Act-O-Vial), Exp. Date not less than 1 1/2yrs	20	70.00	1,400.00
28	bottle (s)	<b>ANTISEPTIC SOLUTION</b> , (J.Chemie), Providone-Iodine, 120ml solution, Exp. Date not less than 1 1/2yrs	5	75.00	375.00
sub-total:					<b>11,625.00</b>

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Very truly yours,

**DR. ARNOLD E. VELASCO**  
 President  
 Authorized Official

Conforme:

### **GOLD PHARMACEUTICALS ASIA INCORPORATED**

(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.: 02-206441-2025-01-0367  
 Amount: ₱91000



# PURCHASE ORDER

Procurement Unit

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

**DELIVERY DUE DATE:**

**02 MAR 2025**

Supplier : **GOLD PHARMACEUTICALS ASIA INCORPORATED**

PR No.: **2024-09-362**

Address : **Lot 1035 B-2, Sitio Tanpoco, Brgy. Matatalaib, Tarlac City**

PO No.: **2025-049**

Type of Business : **Merchandising**

Date: **01/22/2025**

TIN No. : **009-998-131-000 VAT Reg.**

Mode of Procurement: **Small Value**

Tel. No. : **0945-334-3769**

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
		<b>Balance Forwarded:</b>			<b>11,625.00</b>
30	box	<b>ANTISEPTIC SOLUTION</b> , Providone-Iodine, swabstick, 50pcs/box, Exp. Date not less than 1 yrs	10	145.00	1,450.00
33	tablet	<b>ANTIPASMODIC</b> , (Hyoswell), Hyoscine, N-Butylbromide, 10mg, Exp. Date not less than 2 yrs	400	4.50	1,800.00
35	tablet	<b>ANTI-VERTIGO</b> , (Novomit), Meclizine, Exp. Date not less than 2 yrs	300	3.50	1,050.00
44	bottle (s)	<b>EYE DROP</b> , (Ramitob), Tobramycin, Exp. Date not less than 1 1/2 yrs	10	110.00	1,100.00
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47	tube	<b>OINTMENT</b> , (mmfred), Mometasone Furoate, 10g, Exp. Date not less than 1 1/2 yrs	10	70.00	700.00
		sub-total:			<b>19,425.00</b>

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Very truly yours,

**DR. ARNOLD E. VELASCO**  
President

Authorized Official

JAN 23 2025



Conforme:

**GOLD PHARMACEUTICALS ASIA INCORPORATED**

(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. : **02-260441-2025-01-4307**

Amount: **₱ 41,030**



# PURCHASE ORDER

Procurement Unit

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

**DELIVERY DUE DATE:** 02 MAR 2025

Supplier : **GOLD PHARMACEUTICALS ASIA INCORPORATED**  
 Address : Lot 1035 B-2, Sitio Tanpoco, Brgy. Matatalaib, Tarlac City  
 Type of Business : Merchandising  
 TIN No. : 009-998-131-000 VAT Reg.  
 Tel. No. : 0945-334-3769

PR No.: 2024-09-362  
 PO No.: 2025-049  
 Date: 01/22/2025  
 Mode of Procurement: Small Value

Gentlemen:

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<b>Balance Forwarded:</b>					<b>19,425.00</b>
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53	cap	<b>PAIN RELIEVER</b> , (I-Laxx), Ibuprofen + Paracetamol 500mg/325mg, Exp. Date not less than 2 yrs	100	2.25	225.00
56	amp	<b>PAIN RELIEVER</b> , (Ketorolac), Ketolac, Exp. Date not less than 1 1/2yrs	10	25.00	250.00
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Very truly yours,

DR. ARNOLD E. VELASCO  
 President

Authorized Official

JAN 30 2025

Conforme:

### GOLD PHARMACEUTICALS ASIA INCORPORATED

(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. : 02-206441-2025-01-0367  
 Amount: ₱41030





# PURCHASE ORDER

Procurement Unit

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

**DELIVERY DUE DATE:** 02 MAR 2025

Supplier: **GOLD PHARMACEUTICALS ASIA INCORPORATED** PR No.: 2024-09-362  
 Address: Lot 1035 B-2, Sitio Tanpoco, Brgy. Matatalaib, Tarlac City PO No.: 2025-049  
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 TIN No.: 009-998-131-000 VAT Reg. Mode of Procurement: Small Value  
 Tel. No.: 0945-334-3769

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63	bottle (s)	<b>SOLUTION</b> , (Euomed), Plain lactated ringer's, for IV Infusion 100ml	3	95.00	285.00
66	cap	<b>VITAMINS</b> , (Protect Zinc), Sodium Ascorbate/ Ascorbic Acid with Zinc, Exp. Date not less than 1 1/2yrs	800	3.00	2,400.00
67	box	<b>ANTIBIOTIC</b> , (Ambimox), Amoxicillin 500mg 100/box	3	300.00	900.00
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69	box	<b>TRANEXAMIX ACID HEMOSTAN</b> , (Hemostan), 500mg 100/box	3	650.00	1,950.00
***** Purpose: Medicines - APP 3rd Quarter 2024					<b>41,030.00</b>

(Total Amount in Words) Forty-One Thousand Thirty 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,

**ARNOLD E. VELASCO**  
President

Authorized Official

JAN 30 2025



Conforme:

### GOLD PHARMACEUTICALS ASIA INCORPORATED

(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.: 02-206441-2025-01-0367  
 Amount: ₱41,030