



PURCHASE ORDER

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

DELIVERY DUE DATE: 3/8/25

Supplier: **HALO PHARMACY**
Address: **10-A Mabini Avenue Victory Norte Isabela**
Type of Business: **Merchandising**
TIN No.: **933-389-254-00000 VAT Reg.**
Tel. No.: **0997-344-3571**

PR No.: **2024-09-362**
PO No.: **2025-069**
Date: **2/4/2025**
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/30**

Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
8	tablet	ANTI-ASTHMA, Salbutamol Sulfate, Bromhexine HCl, guaifenesin, Exp. Date not less than 1 yr	500	14.00	7,000.00 ✓
17	capsule	ANTI-DIARRHEA, Racecadotril, 100mg, Exp. Date not less than 7 months	500	40.00	20,000.00 ✓
25	tablet	ANTI-INFLAMMATORY, Prednisone, 20mg, Exp. Date not less than 1 1/2yrs	300	3.00	900.00 ✓
32	tablet	ANTISPASMODIC, Hyoscine, N-Butylbromide, 20mg, Exp. Date not less than 1 yr	10	8.00	80.00 ✓
34	cap	ANTITUSSIVE, Dextromethorphan HBr, phenylephrine HCl, Paracetamol, Exp. Date not less than 1 1/2yrs	500	9.13	4,565.00 ✓
37	amp	ANTI-VOMITING, Metoclopramide, Exp. Date not less than 1 1/2yrs	5	12.50	62.50 ✓
40	tablet	DECONGESTANT, Phenylpropanolamine HCl, Brompheniramine Maleate, Exp. Date not less than 1 yr	500	6.50	3,250.00 ✓
55	tube	PAIN RELIEVER, Ketoprofen Gel, Exp. Date not less than 2yrs	20	62.50	1,250.00 ✓
65	amp	VACCINE, Tetanus Taxoid, vaccine, Exp. Date not less than 1 1/2yrs	20	140.00	2,800.00 ✓
warranty: 6 months					

Purpose: Medicines - APP 3rd Quarter 2024					
					39,907.50

(Total Amount in Words) Thirty-Nine Thousand Nine Hundred Seven Pesos and Fifty Centavos 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

Authorized Official



Conforme:

HALO PHARMACY

(Signature over printed name & date)

Bank Account Name:

Bank Account Number:

Bank Name:

Bank Address:

2/6/25
Halo Pharmacy
1261-2465-58
Land bank
Santiago Branch

Funds Available:

JASPER A. YAUDER, CPA

Budget Officer

ALOBS No.: 02-206441-2025-02-0459

Amount: ₱ 39,907.50



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DR. ARNOLD E. VELASCO
President

Authorized Official

Conforme:

HALO PHARMACY

(Signature over printed name & date)

Bank Account Name: _____

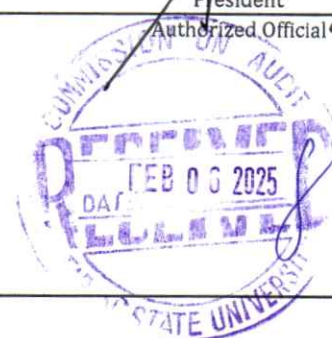
Bank Account Number: _____

Bank Name: _____

Bank Address: _____

Funds Available:

JASPER A. PAUDER, CPA
Budget Officer



ALOBS No. : 12-206441-2025-02-0459

Amount : ₱39907.50