



PURCHASE ORDER

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

DELIVERY DUE DATE: 5/6/24

Supplier: **LTE BIOMEDICAL SOLUTIONS**
Address: Road 6 Del Rosario, San Fernando City, Pampanga
Type of Business: Merchandising
TIN No.: 258-281-752-000 VAT Reg.
Tel. No.: 0917-729-8659 / (072) 619-2343

PR No.: 2024-01-016
PO No.: 2024-184
Date: 3/25/2024
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:** 30 Calendar days
Date of Delivery: **Payment Term:** N/30

Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
3	tablet	ANTACID, Aluminum Hydroxide, Magnesium Hydroxide, Simeticone, exp. date not less than 1 1/2 yrs, Kremil-S	500	9.00	4,500.00
4	tablet	ANTACID, Domperidone, exp. date not less than 1 1/2 yrs, Meridon Generic 10mg	100	3.00	300.00
5	tablet	ANTACID, Famotadine, Calcium Carbonate, Magnesium Hydroxide, exp. date not less than 1 1/2 yrs, Kremil-S Advance	500	22.50	11,250.00
28	tablet	ANTIPYRETIC, Paracetamol, 325mgs, exp. date not less than 2 yrs, Tempra	200	5.50	1,100.00
29	caplet	ANTIPYRETIC, Paracetamol, 500mgs, exp. date not less than 2 1/2 yrs, Philpara Generic	3000	3.50	10,500.00
31	bottle (s)	ANTISEPTIC SOLUTION, Povidone-Iodine, 55g, dry power spray 2.5% antiseptic, wound remedy, exp. Date not less than 1 1/2 yrs, Betadine	10	205.00	2,850.00
33	tablet	ANTISPASMODIC, Hyoscine N-Butylbromide + Paracetamol 10mg/500mg, exp. date not less than 1 1/2 yrs, Buscopan Venus	500	37.90	18,950.00
36	cap	ANTITUSSIVE, Dextromethorphan HBr, phenylephrine HCl, Paracetamol, exp. Date not less than 1 1/2 yrs, Tuseran	1000	10.75	10,750.00
<i>Sub-total:</i>					60,200.00

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
University President



Conforme: *[Signature]*
GLEDON MTE. MENDOZA
4-06-2024

LTE BIOMEDICAL SOLUTIONS

(Signature over printed name & date)

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

Funds Available:

[Signature]
JASPER A. YAUDER, CPA
Budget Officer

ALOS No. : 02-10101-2024-01-0399

Amount: ₱ 10,239.50



PURCHASE ORDER

Procurement Unit

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

DELIVERY DUE DATE: 5/6/24

Supplier: **LTE BIOMEDICAL SOLUTIONS**
 Address: **Road 6 Del Rosario, San Fernando City, Pampanga**
 Type of Business: **Merchandising**
 TIN No.: **258-281-752-000 VAT Reg.**
 Tel. No.: **0917-729-8659 / (072) 619-2343**

PR No.: **2024-01-016**
 PO No.: **2024-184**
 Date: **3/25/2024**
 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: **30 Calendar days**

Date of Delivery:

Payment Term: **N/30**

Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
Balance Forwarded:					60,200.00
37	tablet	ANTI-VERTIGO, Meclizine. exp. date not less than 2 yrs, Generic	300	3.75	1,125.00
40	tablet	DECONGESTANT, Phenylephrine Chlorphenamine, Paracetamol 10mg/2mg/500 (Bioflu), exp. date not less than 2 yrs. Bioflu	1000	9.00	9,000.00
41	tablet	DECONGESTANT, Phenylephrine Chlorphenamine, Paracetamol 10mg/2mg/500 (Neozep), exp. date not less than 2 yrs, Neozep Forte	1000	7.00	7,000.00
48	tube	EYE DROP, exp. date not less than 1 1/2 yrs, Eye Mo Red	10	98.75	987.50
49	bottle (s)	OINTMENT, Calamine + Diphenhydramine, 30ml, exp. date not less than 2 yrs, Caladryl Lotion	10	173.45	1,734.50
51	tube	OINTMENT, Mupirocin + Bethamethasone Dipropionate, 5g, exp. date not less than 1 yr, Foskina	10	516.75	5,167.50
53	bottle (s)	OINTMENT, Pain Killer, 120ml, PRO, exp. Date not less than 1 1/2 yrs, Omega	50	122.00	6,100.00
55	tube	OINTMENT, Sodium Fusidate, exp. date not less than 1 1/2 yrs, Sofinox	5	310.00	1,550.00
56	cap	PAIN RELIEVER, Ibufron + Paracetamol 500mg/325mg, exp. date not less than 2 yrs, Alaxan FR	200	9.00	1,800.00
<i>Sub-total:</i>					94,664.50

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,

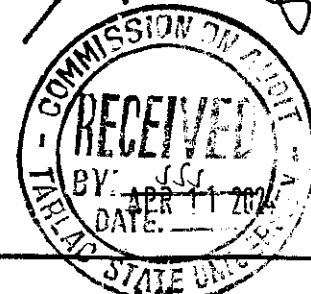
DR. ARNOLD E. VELASCO
 University President
 Authorized Official

Conforme: *[Signature]*
 L. M. [unclear]
 4-06-2024

LTE BIOMEDICAL SOLUTIONS

(Signature over printed name & date)

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



Funds Available:

[Signature]
JASPER A. YAUDER, CPA
 Budget Officer

ALOBS No.: **01-10181 - 2024 - 04 - 0244**
 Amount: **₱104,249.50**



PURCHASE ORDER

DELIVERY DUE DATE: 5/6/24

Procurement Unit
Tel. No.: 045-606-8142/ 606-8137

Supplier: **LTE BIOMEDICAL SOLUTIONS**
Address: **Road 6 Del Rosario, San Fernando City, Pampanga**
Type of Business: **Merchandising**
TIN No.: **258-281-752-000 VAT Reg.**
Tel. No.: **0917-729-8659 / (072) 619-2343**

PR No.: **2024-01-016**
PO No.: **2024-184**
Date: **3/25/2024**
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: **30 Calendar days**
Date of Delivery: _____ Payment Term: **N/30**

Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
		Balance Forwarded:			94,664.50
57	softgel	PAIN RELIEVER, Ibufrophen, 200mg, exp. Date not less than 1 yr, Fevral	300	5.00	1,500.00
76	box	TRANEXAMIC ACID HEMOSTAN, 500mg, 100/box, Haemorex Generic	3	1,375.00	4,125.00
----- <i>Purpose: Medicine - APP 1st Quarter 2024</i>					100,289.50

(Total Amount in Words) One Hundred Thousand Two Hundred Eighty-Nine 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,

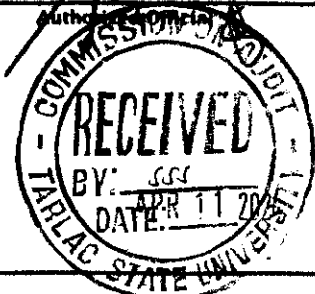
DR. ARNOLD E. VELASCO
University President

Authorized Official

Conforme: *61050h* **L. MENDOZA**
64-04-2024

LTE BIOMEDICAL SOLUTIONS
(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.: **12-A1101-2024-09-0344**
Amount: **₱100,289.50**



PURCHASE ORDER

DELIVERY DUE DATE: 5/6/24

Procurement Unit

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

Supplier : **LTE BIOMEDICAL SOLUTIONS**
 Address : Road 6 Del Rosario, San Fernando City, Pampanga
 Type of Business : Merchandising
 TIN No. : 258-281-752-000 VAT Reg.
 Tel. No. : 0917-729-8659/ (072) 619-2343

PR No.: 2024-01-016
 PO No.: 2024-184
 Date: 3/25/2024
 Mode of Procurement: Small Value

Gentlemen:

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28	tablet	ANTIPYRETIC , Paracetamol, 325mgs, exp. date not less than 2 yrs, Tempra	200	5.50	1,100.00
29	caplet	ANTIPYRETIC , Paracetamol, 500mgs, exp. date not less than 2 1/2 yrs, Philpara Generic	3000	3.50	10,500.00
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<i>Sub-total:</i>					60,200.00

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Very truly yours,

DR. ARNOLD E. VELASCO
 University President
 Authorized Official

Conforme:

LTE BIOMEDICAL SOLUTIONS

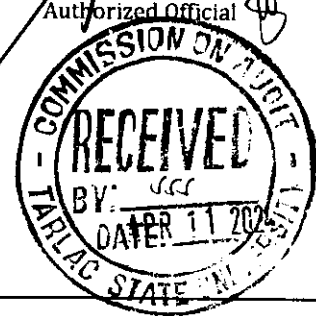
(Signature over printed name & date)

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

Funds Available:

JASPER A. YAUDER, CPA
 Budget Officer

ALOBS No.: 12-101101-2024-04-0044
 Amount: ₱100,200.00





PURCHASE ORDER

Procurement Unit

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

DELIVERY DUE DATE: 5/6/24

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 Address : Road 6 Del Rosario, San Fernando City, Pampanga
 Type of Business : Merchandising
 TIN No. : 258-281-752-000 VAT Reg.
 Tel. No. : 0917-729-8659 / (072) 619-2343

PR No.: 2024-01-016
 PO No.: 2024-184
 Date: 3/25/2024
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Very truly yours,

[Signature]
DR. ARNOLD E. VELASCO
 University President
 Authorized Official

Conforme:

LTE BIOMEDICAL SOLUTIONS

(Signature over printed name & date)

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



Funds Available:
[Signature]
JASPER A. YAUDER, CPA
 Budget Officer

ALOBS No. : 12-10101-2024-04-0344
 Amount : ₱100,259.50



PURCHASE ORDER

DELIVERY DUE DATE: 5/6/24

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

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Type of Business: Merchandising
TIN No.: 258-281-752-000 VAT Reg.
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76	box	TRANEXAMIC ACID HEMOSTAN , 500mg, 100/box, Haemorex Generic ***** <i>Purpose: Medicine - APP 1st Quarter 2024</i>	3	1,375.00	4,125.00
					100,289.50

(Total Amount in Words) One Hundred Thousand Two Hundred Eighty-Nine Pesos and Fifty Centavos Only

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Very truly yours,

DR. ARNOLD E. VELASCO
University President

Authorized Official

Conforme:

LTE BIOMEDICAL SOLUTIONS

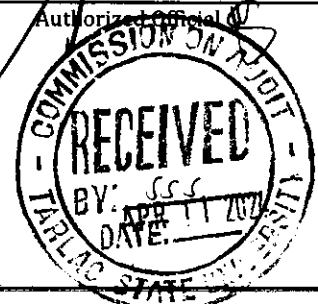
(Signature over printed name & date)

Bank Account Name: _____

Bank Account Number: _____

Bank Name: _____

Bank Address: _____



Funds Available:

JASPER A. YAUDER, CPA
Budget Officer

ALOBS No.: 12-101101-2024-04-0344

Amount: ₱ 100,289.50