



Republic of the Philippines
MINDORO STATE UNIVERSITY
 Main Campus
 Alcate, Victoria, Oriental Mindoro

COMMISSION ON AUDIT
 TEAM I - MINSOAT OR/MINDORO
RECEIVED
 NOV 25 2021
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PURCHASE ORDER

| | |
|---|--|
| Supplier : CPA PHARMACY Address : Poblacion 1, Victoria, Oriental Mindoro TIN : 129-326-144-000 | P.O. No. : <u>1071-8748</u> Date : <u>11/3/21</u> Mode of Procurement : <u>Small Value Procurement</u> |
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Gentlemen:
 Please furnish this Office the following articles subject to the terms and conditions contained herein:

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| Place of Delivery : <u>MinSU</u> Date of Delivery : _____ | Delivery Term : <u>30 days</u> Payment Term : <u>cheque</u> |
|--|--|

| Stock/Property No. | Unit | Description | Quantity | Unit Cost | Amount |
|--------------------|---------|-----------------------------------|----------|-----------|-----------|
| 23 | boxes | Clindamycin 150mg. | 7 | 500.00 | 3,500.00 |
| 24 | boxes | Clindamycin 300mg. | 10 | 700.00 | 7,000.00 |
| 25 | boxes | Ciprofloxacin 500mg. | 6 | 2,900.00 | 17,400.00 |
| 26 | tablets | Cotrimoxazole 800mg. | 400 | 3.50 | 1,400.00 |
| 27 | capsule | Dalacin C 300mg | 60 | 113.00 | 6,780.00 |
| 28 | tablets | Clarithromycin 500mg (Ritemed) | 100 | 59.00 | 5,900.00 |
| 29 | tubes | Clobetasole Ointment | 4 | 150.00 | 600.00 |
| 30 | tubes | Clobetasole Dermovate Ointment | 2 | 370.00 | 740.00 |
| 31 | tubes | Clobetasole Dermovate Cream | 2 | 370.00 | 740.00 |
| 32 | tablets | Clonidine HCl (Catapress) 75mcg | 250 | 36.35 | 9,087.50 |
| 33 | boxes | Cloxacillin 500mg | 8 | 500.00 | 4,000.00 |
| 34 | boxes | Co Amoxiclav 625mg | 54 | 630.00 | 34,020.00 |
| 35 | capsule | Clarithromycin 500mg | 100 | 59.00 | 5,900.00 |
| 36 | bottles | Crotamiton (Eurax 10%) | 5 | 350.00 | 1,750.00 |
| 37 | tubes | Clotrimazole | 3 | 150.00 | 450.00 |
| 38 | bottles | DSLR 1L | 5 | 100.00 | 500.00 |
| 39 | packs | Dichlorobenzyl (Strepsils) by 2's | 600 | 18.55 | 11,130.00 |
| 40 | pads | Diffiam Lozenges | 50 | 305.00 | 15,250.00 |
| 41 | boxes | Domperidone | 3 | 650.00 | 1,950.00 |
| 42 | boxes | Domperidone Motilium 10mg | 6 | 4,000.00 | 24,000.00 |
| 43 | bottles | Permethrin lotion | 3 | 257.00 | 771.00 |

In case of failure to make the 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 on the undelivered item/s.

Conforme: _____
 Signature over Printed Name of Supplier
Volanda D. Matanquiban
 Date _____

Very truly yours,

LEVY B. ARAGO JR., Ph.D.
 University President

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|---|--|
| Fund Cluster : <u>STP</u> Funds Available : <u>979,732.80</u> MARIA CRISTINA D. SISCO, CPA Accountant III | ORS/BURS No. : _____ Date of the ORS/BURS : _____ Amount : _____ |
|---|--|

1300