



Republic of the Philippines
MINDORO STATE UNIVERSITY

Main Campus
Alcate, Victoria, Oriental Mindoro

PURCHASE ORDER

COMMISSIONED OFFICER
RECEIVED
NOV 25 2021

Supplier : CPA PHARMACY
Address : Poblacion 1, Victoria, Oriental Mindoro
TIN : 129-326-144-000

P.O. No. : P02170249
Date : 11/24
Mode of Procurement : Small Value Procurement

Gentlemen:
Please furnish this Office the following articles subject to the terms and conditions contained herein:

Place of Delivery : MinSU
Date of Delivery : _____

Delivery Term : 30 days
Payment Term : cheque

Stock/Property No.	Unit	Description	Quantity	Unit Cost	Amount
83	boxes	Multivitamins (Enervon C) 100's	106	740.00	78,440.00
84	tablets	Multivitamins Advance	400	11.90	4,760.00
85	tubes	Mupirocin Ointment	12	150.00	1,800.00
86	boxes	Nafarin A	10	780.00	7,800.00
87	bottles	Neomycin SO4 PolymycinB SO4 Dexamethasone drops	8	550.00	4,400.00
88	tubes	Neomycin SO4 PolymycinB SO4 Dexamethasone Ointment	5	550.00	2,750.00
89	pieces	Nitroglycerin 5mg (Transderm-Nitro)	5	139.00	695.00
90	boxes	Ofloxacin 200mg	2	800.00	1,600.00
91	boxes	Ofloxacin 400mg	2	1,200.00	2,400.00
92	tablets	Omeprazole 40mg	300	10.00	3,000.00
93	boxes	Oral rehydration salts	5	152.00	760.00
94	tank	Oxygen tank refill (large)	1	1,200.00	1,200.00
95	tanks	Oxygen tank refill (small)	2	1,000.00	2,000.00
96	tubes	Oxytetracycline (Terramycin Ophthalmic Ointment)	5	825.00	4,125.00
97	bottles	Pain Relief Spray 100ml.	5	500.00	2,500.00
98	boxes	Paracetamol Biogesic 500mg by 500's	11	2,500.00	27,500.00
99	tablets	Phenylephrine Chlorphenamine	500	5.75	2,875.00
		Paracetamol (Neozep)			

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:

Very truly yours,

Yolanda D. Matanguihan
Signature over Printed Name of Supplier

Levy B. Arago Jr., Ph.D.
LEVY B. ARAGO JR., Ph.D.
University President

Date

Fund Cluster : STF

Funds Available : 977,732.00

MARIA CRISTINA B. SISCAR, CPA
Accountant III

ORS/BURS No. : _____

Date of the ORS/BURS: _____

Amount : _____

1700