



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

RECEIVED
DEC 14 2021
By *[Signature]*

PURCHASE ORDER

Supplier : CPA PHARMACY Address : Poblacion 1, Victoria, Oriental Mindoro TIN : 129-326-144-000	P.O. No. : <u>POA-0325</u> Date : <u>11/25/21</u> Mode of Procurement : Small Value Procurement
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Gentlemen:
Please furnish this Office the following articles subject to the terms and conditions contained herein:

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

Stock/Property No.	Unit	Description	Quantity	Unit Cost	Amount
87	pieces	Bandage scissor (straight)	10	150.00	1,500.00
88	pieces	Digital Thermometer	10	200.00	2,000.00
89	pieces	Mosquito forcep (curve)	10	150.00	1,500.00
90	pieces	Penlight (heavy duty)	4	300.00	1,200.00
91	pieces	Portable oxygen tank (medium)	2	6,000.00	12,000.00
92	pieces	Thermal Gun	5	1,200.00	6,000.00
93	pieces	High Speed Handpiece	4	4,000.00	16,000.00
94	sets	Oxygen Regulator	2	2,000.00	4,000.00
95	set	Automatic BP Monitor	1	3,500.00	3,500.00
96	set	Desk & Wall Type Aneroid Sphygmomanometer w/ sthethoscope	1	3,500.00	3,500.00
97	pieces	Dental Mouth Mirror	5	150.00	750.00
98	pieces	Dental Explorer	5	150.00	750.00
99	pieces	Dental Spoon Excavator	5	1,500.00	7,500.00
100	pieces	Cotton Plier	5	230.00	1,150.00
101	piece	Surgical Forceps #44	1	900.00	900.00
102	pieces	Curette	2	900.00	1,800.00
103	pieces	Gum Separator	3	350.00	1,050.00
104	set	Luxator (6pcs. - straight)	1	4,500.00	4,500.00
105	set	Elevator (ambulated- L/R/Straight)	1	4,000.00	4,000.00

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]
Yolanda B. Matanguihan
Signature over Printed Name of Supplier

Date

Very truly yours,

[Signature]
LEVY B. ARAGO JR., Ph.D.
University President

Fund Cluster : <u>OTF</u>	ORS/BURS No. : _____
Funds Available : <u>254,250.00</u>	Date of the ORS/BURS: _____
MARIA CRISTINA D. SISCAR, CPA Accountant III <i>[Signature]</i>	Amount : _____