



PURCHASE ORDER

Supplier : CPA PHARMACY Address : POBLACION 1, VICTORIA, ORIENTAL MINDORO TIN : 129-326-144-000	P.O. No.: <u>PO20-0010</u> Date : <u>June 2020</u> Mode of Procurement : _____
---	--

Gentlemen:

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

Place of Delivery : _____	Delivery Term : _____
Date of Delivery : _____	Payment Term : _____

Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
1	tablet	Alum Hydroxide Magnesium Hydroxide Simeticone	300	7.80	2,340.00
2	capsule	Amoxicillin 500mg	300	2.75	825.00
3	tablet	Ascorbic Aid 500mg	1000	1.75	1,750.00
4	box	Band Aid 50's	12	75.00	900.00
5	capsule	Bcomp + Para	45	35.00	1,575.00
6	tube	Benzoic boric acid eucalyptus 15g.	3	130.00	390.00
7	tablet	Betahistine 24mg	30	80.00	2,400.00
8	tablet	Bisacodyl	24	26.00	624.00
9	tablet	Butamirate Citrate	200	22.85	4,570.00
10	capsule	Carbocisteine 500mg	1200	2.50	3,000.00
11	capsule	Cefuroxime	30	42.00	1,260.00
12	tablet	Ceterizine	300	3.00	900.00
13	tablet	Chlorphenamine	300	2.00	600.00
14	tablet	Cinnarizine 25mg	300	2.00	600.00
15	capsule	Clindamycin	30	122.00	3,660.00
16	tube	Clobetasole ointment	3	150.00	450.00
17	tablet	Clonidine HCl 75mcg	41	35.00	1,435.00
18	capsule	Cloxacillin 500mg	300	11.00	3,300.00
19	tablet	Co Amoxiclav 625mg	30	35.00	1,050.00
20	tube	Clotrimazole	3	200.00	600.00
21	bottle	Permethrin lotion	3	271.00	813.00
22	bottle	D5LR 1L	1	120.00	120.00
23	tablet	Dequalinium chloride	300	5.80	1,740.00
SUB-TOTAL					34,902.00

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:

Yolanda D. Matanguihan
Signature over Printed Name of Supplier

Date

Very truly yours,

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

Fund Cluster : _____
Funds Available : _____

MARIA CRISTINA D. SISCAR, CPA
Accountant III

ORS/BURS No. : 02-16
Date of the ORS/BURS: 05/22/2020
Amount : ₱ 141,400.00



Republic of the Philippines
MINDORO STATE COLLEGE OF AGRICULTURE AND TECHNOLOGY

Main Campus
Alcate, Victoria, Oriental Mindoro

PURCHASE ORDER

COMMISSION ON AUDIT
TEAM I - MINS-CAT OR: MINDORO
RECEIVED
JUN 19 2020

Supplier : CPA PHARMACY Address : POBLACION 1, VICTORIA, ORIENTAL MINDORO TIN : 129-326-144-000	P.O. No. : <u>2020-0019</u> Date : <u>5/26/2020</u> Mode of Procurement :
---	---

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

Place of Delivery : _____	Delivery Term : _____
Date of Delivery : _____	Payment Term : _____

Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
24	tube	Dexamethasone Polymycin B SO4 Neomycin	3	375.00	1,125.00
25	pack	Dichlorobenzyl Alcohol Amylmetacresol 2's	300	15.00	4,500.00
26	capsule	Diphenhydramine	30	6.00	180.00
27	tablet	Domperidone 10mg	300	7.00	2,100.00
28	bottle	Efficascent Oil 50ml	6	60.00	360.00
29	capsule	Eterecoxib 120mg	60	88.00	5,280.00
30	bottle	Ferrous SO4 100's	2	175.00	350.00
31	capsule	Guaifenesin Salbutamol 100mg/2 mg	300	6.00	1,800.00
32	bottle	Hydrogen peroxide 500ml	1	140.00	140.00
33	bottle	Hydrogen Peroxide 50ml	6	15.00	90.00
34	tablet	Hyoscine N-butylbromide+Para 10mg	300	35.00	10,500.00
35	tablet	Ibuprofen+Paracetamol FR	300	8.50	2,550.00
36	bottle	Irrigating Solution	1	120.00	120.00
37	capsule	Loperamide 2mg	600	9.50	5,700.00
38	capsule	Lagundi Ascof	150	7.50	1,125.00
39	tablet	Loratadine 10mg	30	7.00	210.00
40	tablet	Loratadine 10mg (Non drowsy)	30	27.00	810.00
41	tablet	Meclizine HCl 25mg	300	15.00	4,500.00
42	tablet	Mefenamic Acid 500mg	660	3.00	1,980.00
43	capsule	Mefenamic Fast Acting 250mg	150	20.00	3,000.00
44	bottle	Menthol crystals methyl salicylate eucalyptus oil 25ml	15	115.00	1,725.00
45	tablet	Metoclopramide 10mg	50	5.00	250.00
46	tube	Miconazole oral gel 10g.	3	500.00	1,500.00
SUB-TOTAL					49,895.00

480

Conforme:

[Signature]
Volanda D. Matanguilan
Signature over Printed Name of Supplier

Date

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

Fund Cluster : _____ Funds Available : _____	ORS/BURS No. : <u>02-16</u> Date of the ORS/BURS: <u>05/20/2020</u> Amount : <u>₱141,400.00</u>
MARIA CRISTINA D. SISCAR, CPA Accountant III	

141



Republic of the Philippines
 MINDORO STATE COLLEGE OF AGRICULTURE AND TECHNOLOGY
 Main Campus
 Alcate, Victoria, Oriental Mindoro

COMMISSION ON AUDIT
 MINSCAT OR: MINDORO

RECEIVED
 JUN 19 2020

PURCHASE ORDER

Supplier : CPA PHARMACY Address : POBLACION 1, VICTORIA, ORIENTAL MINDORO TIN : 129-326-144-000	P.O. No. : <u>2020-0010</u> Date : <u>5/26/2020</u> Mode of Procurement : _____
---	---

Gentlemen:

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

Place of Delivery : _____	Delivery Term : _____
Date of Delivery : _____	Payment Term : _____

Stock/Property No.	Unit	Description	Quantity	Unit Cost	Amount
47	bottle	Moov Spray Pain Killer 100ml	2	650.00	1,300.00
48	tube	Mupirocin Ointment	3	480.00	1,440.00
49	tab	Ofloxacin 400mg	15	42.00	630.00
50	tablet	Omeprazole 40mg	50	15.00	750.00
51	sachet	Oral rehydration solution	360	7.00	2,520.00
52	tank	Oxygen Refill (Large tank)	1	1,100.00	1,100.00
53	tank	Oxygen Refill (Medium tank)	1	800.00	800.00
54	tank	Oxygen Refill (small tank)	1	400.00	400.00
55	tablet	Paracetamol 500mg	600	7.00	4,200.00
56	bottle	Permethrin lotion	3	271.00	813.00
57	tablet	Phenyl HCl+Para+Chlorphenamine	2000	4.00	8,000.00
58	tablet	Plasil	15	15.00	225.00
59	bottle	PLR1L	1	120.00	120.00
60	bottle	PNSS 1L	1	120.00	120.00
61	bottle	Povidone Iodine 500ml	2	115.00	230.00
62	bottle	Povidone Iodine 50ml	6	60.00	360.00
63	tablet	Salbutamol	30	2.00	60.00
64	inhaler	Salbutamol inhaler 200 actuations	1	250.00	250.00
65	box	Salbutamol Nebule	3	1,200.00	3,600.00
66	box	Salonpas 10's	30	54.00	1,620.00
67	capsule	Sambong	500	7.50	3,750.00
68	tab	Senekot	15	22.00	330.00
69	capsule	Sodium Ascorbate	100	5.00	500.00
SUB-TOTAL					33,118.00

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:

Yolanda D. Matanguhan
 Signature over Printed Name of Supplier

_____ Date

Very truly yours,

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

Fund Cluster : _____
 Funds Available : _____

Maria Cristina D. Siscar
 MARIA CRISTINA D. SISCAR, CPA
 Accountant III

ORS/BURS No. : 02-14
 Date of the ORS/BURS: 5/22/2020
 Amount : P141,400.00

