

Republic of the Philippines
KALINGA STATE UNIVERSITY
 Tabuk City, Kalinga
PURCHASE ORDER

Supplier : **FORTY-ONE PHARMACY** P.O. No. : **2019-05-0191**
 Address : **TABUK CITY, KALINGA** Date : **MAY 10, 2019**
 TIN : **900-387-709-0000** Mode of Procurement : **SHOPPING**

Requisitioning Unit/Department: **DENTAL SERVICES**

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

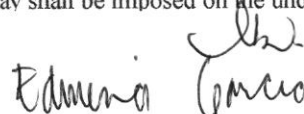
Place of Delivery : **KSU-Supply Office, Bulanao Campus** Delivery Term : **FOB DESTINATION**
 Date of Delivery : **15 calendar days after the receipt of PO by the supplier** Payment Term :

Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
1	boxes	AMOXICILLIN 500mg x 100's	35	165.00	5,775.00
2	boxes	IBUPROFEN Softgel capsule (Medical Advance) 200mg x 100's	19	600.00	11,400.00
3	boxes	IBUPROFEN Softgel capsule (Medical Advance) 400mg x 100's	17	1,110.00	18,870.00
4	boxes	MEFENAMIC ACID (dofenal) 500mg x 100's	30	2,750.00	82,500.00
5	bottles	ALCOHOL 500ml (Biogenic)	10	65.00	650.00
		x-x-x-x-x-x-x-x-x-x-x-x			
GRAND TOTAL					119,195.00

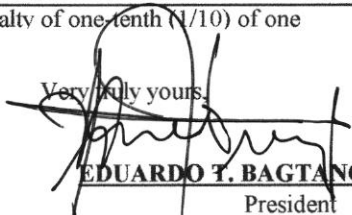
(Total Amount in Words) ONE HUNDRED NINETEEN THOUSAND ONE HUNDRED NINETY-FIVE PESOS ONLY

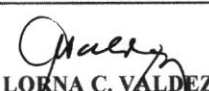
In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one percent for every day of delay shall be imposed on the undelivered item/s.

Conforme:


 Signature over Printed Name of Supplier
 Date: 5-15-19

Very truly yours,


EDUARDO T. BAGTANG, CPA, DBM
 President

Requisitioning Office/Dep't  LOENA C. VALDEZ Administrative Officer V	Fund Cluster : 05-161 Funds Available : _____	ORS/BURS No. : _____ Date of the ORS/BURS: _____
	_____ ARNOLD A. TANDING, CPA, MBA Accountant III	Amount : _____