

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

Supplier : **FARMACIA BRAVO** P.O. No. : **2024-03-0283**
 Address : **TABUK CITY, KALINGA** Date : **March 18, 2024**
 TIN : **338-226-025-0000** Mode of Procurement : **SHOPPING**
 Requisitioning Unit/Department: **MEDICAL 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 : **45 calendar days after the receipt of PO by the supplier** Payment Term :

Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
1	boxes	ALUMINUM HYDROXIDE+ MAGNESIUM HYDROXIDE, 200mg x 100's, Generic	5	110.00	550.00
2	boxes	ALLUPIRINOL 300 MG, 100pcs/box	5	400.00	2,000.00
3	boxes	AMLODIPINE 5 MG, 100pcs/box, Ritemed	5	1,100.00	5,500.00
4	boxes	Amoxicillin 500 mg, 100pcs/box, Ritemed	20	1,000.00	20,000.00
5	boxes	AZITHROMYCIN	25	40.00	1,000.00
6	boxes	BETAHISTINE 6 MG , 100pcs/box	5	500.00	2,500.00
7	boxes	CINNARIZINE 25 MG TABLET, 100 pcs/box	5	250.00	1,250.00
8	boxes	CETIRIZINE 10 mg/tab, 100pcs/box, Generic	10	200.00	2,000.00
9	boxes	CELECOXID 200 MG, 100pcs/box	10	450.00	4,500.00
10	tubes	CHLORAMPHENICOL EYEDROPS 0.3% x 5mL	5	180.00	900.00
11	boxes	CHLORAMPHENICOL capsule 500mg x 100's	3	450.00	1,350.00
12	ampules	CHLORPHENAMINE MALEATE 10mg	5	700.00	3,500.00
13	boxes	CLINDAMYCINE 300 MG CAPSULE	2	600.00	1,200.00
14	boxes	CIPROFLOXACIN 500 mg, 100pcs/box	15	380.00	5,700.00
15	boxes	CLARITHROMYCIN 500mg tablet x 50's	3	480.00	1,440.00
16	boxes	CEFALEXIN 500 MG CAPSULE (EXEL), 100pcs/box	10	500.00	5,000.00
17	boxes	CLOXACILLIN capsule (RITEMED) 500mg x 100's	15	2,350.00	35,250.00
18	boxes	CLONIDINE 75mg	3	700.00	2,100.00
19	boxes	CO-AMOXICLAV tablet 625mg x 30's/roll only for 30pcs, Ritemed	3	750.00	2,250.00
20	boxes	COLCHICINE 500 MG TABLET, 100pcs/box	5	250.00	1,250.00
21	tubes	DERMOVATE CREAM, 25mg	3	185.00	555.00
22	boxes	DOXYCYCLINE 200 MG, 100pcs/box	3	350.00	1,050.00
PAGE 1 OF 5					
SUB-TOTAL					100,845.00

(Total Amount in Words)

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:

Chairman
 Signature over Printed Name of Supplier

Date: *04-16-24*

Very truly yours,

EDUARDO T. BAGTANG, CPA, DBM
 President

Requisitioning Office/Dep't	Fund Cluster : Funds Available :	ORS/BURS No. : Date of the ORS/BURS:
<i>Ornela</i> LORNA C. VALDEZ Administrative Officer V	<i>Arnold A. Tandang</i> ARNOLD A. TANDANG, CPA, MBA Supervising Admin. Officer/ Head, Accounting Unit	Amount : _____

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23	boxes	DEXTROMETORPHAN 10mg 100pcs/box	10	130.00	1,300.00
24	boxes	DOMPIRIDONE 10 MG, 100pcs/box	3	500	1,500.00
25	bottles	EYE MO DAILY CARE 7.5 mL	2	100.00	200.00
26	boxes	IRON+FOLIC ACID, 100pcs/box	10	400.00	4,000.00
27	boxes	FOLIC ACID 10 MG, 100pcs/box	10	400.00	4,000.00
28	boxes	HYOSCINE N-BUTYBROMIDE tablet (Buscopan) 10mg x 120's	2	3,650.00	7,300.00
29	boxes	HYOSCINE 20mg/ml ampoule	2	600.00	1,200.00
30	boxes	Ibuprofen Softgel Capsule (Medicol Advance) 400mg x 100's	4	1,350.00	5,400.00
31	boxes	Ketorolac Ampule 30mg/ml x 10's	1	600.00	600.00
32	boxes	Ketorolac 10 mg tab x 20's	3	320.00	960.00
33	box	Keltican tab x 20's	3	1,350.00	4,050.00
34	boxes	Losartan 50 mg, ritemed	5	750.00	3,750.00
35	boxes	Levofloxacin 500 mg tablet, 100pcs/box	2	700.00	1,400.00
36	boxes	MEFENAMIC ACID capsule 500mg x 100's(Mefein), Generic	5	200.00	1,000.00
37	boxes	MEFENAMIC ACID tablet (Dolfenal) 500mg x 100's	4	3,300.00	13,200.00
38	boxes	METRONIDAZOLE tablet 500mg x 100's	4	250.00	1,000.00
39	boxes	NAPROXEN tablet (Skelan) 550mg x 100's	5	2,300.00	11,500.00
40	boxes	PARACETAMOL capsule (Alaxan FR, 500mg) 100's	3	900.00	2,700.00
41	boxes	Omeprazole 20 mg capsule	2	300.00	600.00
42	boxes	PARACETAMOL tablet (Biogesic) 500mg x 500's	3	2,350.00	7,050.00
PAGE 2 OF 5					
SUB-TOTAL					72,710.00

(Total Amount in Words)

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:


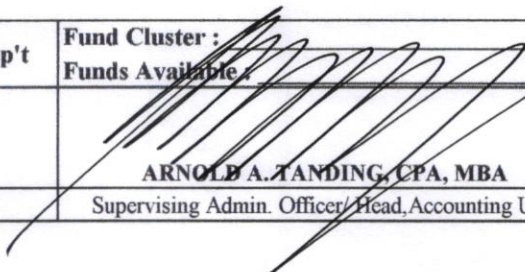
Signature over Printed Name of Supplier

Date: 04-10-24

Very truly yours,

EDUARDO T. BAGIANG, CPA, DBM

President

Requisitioning Office/Dep't  LORNA C. VALDEZ Administrative Officer V	Fund Cluster : Funds Available :	ORS/BURS No. : Date of the ORS/BURS:
	 ARNOLD A. TANDING, CPA, MBA Supervising Admin. Officer/ Head, Accounting Unit	Amount : _____