



PURCHASE ORDER

Procurement Unit

Tel. No.: (045) 606-8142/ 606-8157

DELIVERY DUE DATE: 20 MAR 2025

Supplier: **EMMANUELLE PHARMA AND MEDICAL SUPPLIES DISTRIBUTION**
 Address: 209 Riverside Drive Provident Village, Marikina City
 Type of Business: Merchandising
 TIN No.: 172-699-816-00000 VAT Reg.
 Tel. No.: 0954-380-3656/0917-828-6268/0917-512-5050

PR No.: 2024-12-488
 PO No.: 2025-107
 Date: 2/12/2025
 Mode of Procurement: Small Value

Gentlemen:

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

Place of Delivery: **TARLAC STATE UNIVERSITY**

Delivery Term: 30 calendar days

Date of Delivery:

Payment Term: n/15

Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
4	unit	COMPACTSET PORTABLE DIAGNOSTIC SET, EENT Diagnostic Set, Brand: Welch/Allyn <i>warranty: atleast 6months upon date of purchase</i> <i>Purpose: for Medical Service unit</i>	1	34,686.40	34,686.40



(Total Amount in Words) Thirty-Four Thousand Six Hundred Eighty-Six Pesos and Forty Centavos Only

Warranty shall be for a period minimum of Three (3) months for expendable supplies, or a minimum period of one (1) Year for non-expendable supplies. In case of failure to make 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

Very truly yours,

DR. ARNOLD E. VELASCO
President

Authorized Official

Conforme:

hdmavcmc
FE MELISSA D. NAVARRO

FEB 18 2025

EMMANUELLE PHARMA AND MEDICAL SUPPLIES DISTRIBUTION

(Signature over printed name & date)

Bank Account Name: EMMANUELLE PHARMA AND MEDICAL SUPPLIES DISTRIBUTION

Bank Account Number: 000492-0063-43

Bank Name: LAND BANK OF THE PHILIPPINES

Bank Address: Marcos Hi Way Gil Fernando

Funds Available:

Jasper A. Yauder
JASPER A. YAUDER, CPA
Budget Officer

ALOBS No.: 02-MCH/1-2025-02-000
Amount: 34,686.40



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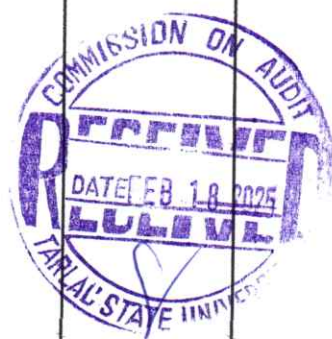
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President

Authorized Official

Conforme:

EMMANUELLE PHARMA AND MEDICAL SUPPLIES DISTRIBUTION

(Signature over printed name & date)

Bank Account Name: _____
 Bank Account Number: _____
 Bank Name: _____
 Bank Address: _____

Funds Available:

JASPER A. YAUDER, CPA
 Budget Officer

ALOBS No. : 02 May 1 - 2025-02-020
 Amount: 34,686.40