

PURCHASE ORDER
MARIANO MARCOS STATE UNIVERSITY
 City of Batac 2906 Ilocos Norte



Supplier : LUNARMED PHARMA TRADING Address : Marikina, Metro Manila TIN : 434-166-170-000	P.O. No. : 05206441-2022-07-361 Date : July 18, 2022 Mode of Procurement : NP- Small Value
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Gentlemen:
 Please furnish this Office the following articles subject to the terms and conditions contained herein.


Place of Delivery : MMSU, City of Batac Date of Delivery : <u>within 30 calendar days upon receipt of PO</u>	Delivery Term : FOB Destination Payment Term : <u>N/30</u>
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Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
DMC-035-060	box	AMOXICILLIN 500mg cap 100's	15	228.00	3,420.00
DMC-035-062	box	COTRIMOXAZOLE 800mg/160mg Forte tab 100's	10	183.00	1,830.00
DMC-035-063	box	CEFIXIME 200mg/100's	4	525.00	2,100.00
DMC-035-067	box	CAPTOPRIL 25mg tab 100's	5	75.00	375.00
DMC-035-068	box	VIT B COMPLEX (B1 300mg B12 100mcg B6 100mg) cap 100's	15	512.00	7,680.00
DMC-035-069	box	CINNARAZINE 25mg tab 100's	1	105.00	105.00
DMC-035-070	box	CELECOXIB 200mg cap 100's	4	205.00	820.00
DMC-035-071	box	FEBOXUSTAT 40mg, film-coated tab-30's	10	376.00	3,760.00
DMC-035-072	box	ALLOPURINOL 100mg tab 100's	5	79.00	395.00
DMC-035-073	box	ALLOPURINOL 300mg tab 100's	5	200.00	1,000.00
DMC-035-075	box	METFORMIN 500mg tab 100's	10	65.00	650.00
				TOTAL	22,135.00

(Total Amount in Words) Twenty-Two Thousand One Hundred Thirty-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 shall be imposed on the undelivered items.

Conforme:


Jasmin Joy C. Loareno
 Signature Printed Name of Supplier
08-06-2022
 Date

Very truly yours: **PRIMA B. FRANCO**
 Vice President for Academic Affairs
SHIRLEY C. AGRUPIS
 President

Fund Cluster : 05206441 Funds Available : _____	ORS/BURS No. : _____ Date of the ORS/BURS: _____ Amount : _____
<p>IMELDA M. CORPUZ Chief, Accounting Office</p>	