



Republic of the Philippines  
**CARAGA STATE UNIVERSITY**  
**CABADBARAN CITY**  
 T. Curoto Street, Cabadbaran City 8605, Agusan del Norte  
 Competence Service Uprightness

+62 851 838-5583  
 +63 917 146-0953  
 URL: <http://csucc.edu.ph>  
 Email Address: [chancellor@csucc.edu.ph](mailto:chancellor@csucc.edu.ph)



**PURCHASE ORDER**

Supplier: EZMEDS PHARMA CO P. O. No. 001-2023-03-112  
 Address: Butuan City Date: April 19, 2023  
 TIN: \_\_\_\_\_ Mode of Procurement: NP-SVP

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

Place of Delivery: CSU Cabadbaran City Delivery Term: \_\_\_\_\_ F.O.B. Destination: \_\_\_\_\_  
 Date of Delivery: within 30 days upon received PO Payment Term: \_\_\_\_\_ within 60 days upon \_\_\_\_\_

Stock No.	Unit	Description	Quantity	Unit Cost	Total Cost
<b>1 LOT SUPPLY AND DELIVERY OF MEDICAL SUPPLIES</b>					
1	boxes	Lidogaine Anesthesia	5	2,300.00	11,500.00
2	boxes	Glucose Strips (Easy Touch)	10	1,450.00	14,500.00
3	boxes	Cholesterol Strips (Easy Touch)	15	1,700.00	25,500.00
4	boxes	Uric Acid Strips (Easy Touch)	15	1,885.00	25,275.00
5	boxes	Alzur 20mg/5mg	2	900.00	1,800.00
6	boxes	Amoxicillin Tryhydrate (100cap/box)	5	600.00	3,000.00
7	bts	Hydrogen Peroxide 10 vol (50ml)	5	120.00	600.00
8	boxes	Paracetamol 500mg (100tab/box)	5	455.00	2,475.00
9	boxes	Loparathide cap (100cap/box)	3	325.00	975.00
10	boxes	Mefenamic acid 500mg (100tab/box)	5	325.00	1,625.00
11	boxes	Ibuprofen + Paracetamol (100cap/box)	2	1,150.00	2,300.00
12	boxes	Cefalixin Cefalin (100cap/box)	5	1,700.00	8,500.00
13	boxes	Paracetamol, Guafenesin Phenylpropanolamine Dextromethorphan, Hydrobromide Chlorpheniramine Maleate	5	1,475.00	7,375.00
14	boxes	Mucotuss Fortis (100tab/box)	5	995.00	4,925.00
15	bts	Silver Sulfadiazine	3	299.00	997.00
16	boxes	Losartan 50mg (100tab/box)	2	899.00	1,778.00
17	boxes	Amlodipine 5mg & 10mg	4	482.00	1,952.00

XXXXXXXX NOTHING FOLLOWS XXXXX  
 Page 1 of 1

ONE HUNDRED FOURTEEN THOUSAND NINE HUNDRED SEVENTY SEVEN PESOS ONLY TOTAL 114,977.00

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 everyday of delay shall be imposed.  
 Conformer: \_\_\_\_\_ Very truly yours, *Rowena P. Varela*  
**EZMEDS PHARMA CO.** (Signature Over Printed Name of Supplier)  
 (Date) 19/04/2023  
**ROWENA P. VARELA, PhD**  
 University Professor  
 OIC - Office of the Chancellor  
 As provided for in Sec. 82.1 of the IRR-A of RA 9184, I/We conform to the three (3) months warranty in case of supplies and one (1) year warranty in the case of equipment from the date the goods are completely delivered.  
 \_\_\_\_\_ (Signature Over Printed Name of Supplier/Duly Authorized Representative)

Fund Cluster: \_\_\_\_\_ ORS/BURS No. \_\_\_\_\_  
 Funds Available: \_\_\_\_\_ ARLENE D. GALES, CPA Date of the ORS/BURS: \_\_\_\_\_  
 Signature over Printed Name of Chief Accountant/ Head of Accounting Division/Unit Amount: 114,977.00

