



Republic of the Philippines
PROVINCE OF ISABELA
PURCHASE ORDER

Supplier : GCMed Pharmaceutical Distributor

P.O. No. : _____

Address : Lot 2 Blk019 Villa Christine Royale, San Miguel, pasig City

Date : _____

Gentlemen:

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

Place of Delivery : PGSO

Delivery Term: _____ Charge

Date of Delivery : Sixty (60) days after receipt of P.O.

Payment Term: _____ Check

Item No.	Unit	Quantity	Description	Unit Cost	Amount
1	unit	1	Hematology Analyzer 3 Parts Fully Automated	945,000.00	945,000.00
Total Amount			Nine Hundred Forty Five Thousand Pesos		Php 945,000.00

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 every day of delay shall be imposed.

Very truly yours,

RODOLFO T. ALBANO III
Provincial Governor

Confirms:

GCMed Pharmaceutical Dist.

(Signature over printed name)

(Date)

In case of registered purchase pursuant to Section 369 (a) of RA 7160, this portion must be accomplished.

Approved by: _____

Certified Correct: _____

Date: _____

GENERAL FUND