

Certified Correct: _

Republic of the Philippines PROVINCE OF ISABELA

PURCHASE ORDER

		CIA		UKDEK	T		
Supplier :	Dier: Gcmed Pharmaceutical Distributor				P.O. No. : 23 -04 -110026		
Address:	Mansion (Date:_	April 19, 2029				
Gentleme	en:						
Please furnish this office the following articles subject to the terms and conditions contained herein: Place of Delivery: PGSO Delivery Term: F.O.B. Destination							
Place of Delivery : PGSO			Delivery Term:		Charge		
Date of De		,) days after receipt of P.O.	Payment Term:			
Item No.	Unit	Quantity	Description		Unit Cost	Amount	
1	unit	16	Nebulizer		14,500.00	232,000.00	
2	unit	18	Oxygen Concentrator		117,800.00	2,120,400.00	
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Total Amount		1	Two Million Three Hundred Fifty Two Thousand Four Hundred Pesos			Php 2,352,400.00	
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,			
very any years,							
Conforme:			C. Cith			RODOLFO T. ALBANO III Provincial Governor	
		Gcmed F	parmaceutical Distributor	φ			
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			ature over printed Name 04 20 23 (Date)				
In case of n	egotiated nur		Section 369 (a) of RA 7160, this portion must be	accomplished\			
		Resolution No.:	·	assemplionou).			

Date: __