P.A. NO: 2223
DATE:
BY:

Republic of the Philippines
PROVINCE OF ISABELA

PURCHASE ORDER

Supplier : *Gcmed Pharmaceutical Distributor*
Address : *Lot 2 Blk 19, Villa Christine Royalle, San Miguel, Pasig City*

P.O. No. : 22-10-H0174
Date : October 27, 2022

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 : *seven (7) days after receipt of P.O.* **Payment Term:** Check

Item No.	Unit	Quantity	Description	Unit Cost	Amount
1	trays	20	EDTA	1,320.00	26,400.00
2	boxes	8	KT-DILUENT	32,000.00	256,000.00
3	bot	5	KT-LYSE	34,000.00	170,000.00
4	bot	5	HEMATOLOGY CLEANSER	13,000.00	65,000.00
5	boxes	5	HBSAG	2,472.50	12,362.50
6	bot	1	ANTI-A	1,883.00	1,883.00
7	bot	1	ANTI-B	1,830.00	1,830.00
8	bot	1	ANTI-D	1,667.50	1,667.50
9	bot	10	URINE STRIPS 4S	653.25	6,532.50
10	bot	10	GLUCOSE STRIP	2,900.00	29,000.00
11	boxes	20	GLASS SLIDES	90.00	1,800.00
12	trays	5	YELLOW TOP	1,320.00	6,600.00
13	trays	10	RED TOP TUBE	1,320.00	13,200.00
14	pcs	10	THERMAL PAPER	63.25	632.50
15	bxs	5	TYPHIDOT	13,363.00	66,815.00
16	bxs	5	SYPHILIS	5,083.00	25,415.00
17	boxes	5	DENGUE NS 1	11,040.00	55,200.00
18	tray	10	MICROTAINER	1,320.00	13,200.00
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Total Amount			*Seven Hundred Fifty Three Thousand Five Hundred Thirty Eight Pesos 00/100*	**Php**	**753,538.00**

PROVINCIAL GENERAL SERVICES OFFICE
RECORDED & RECEIVED
BY Lnn
DATE 10-27-22

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

Conforme:

Gcmed Pharmaceutical Distributor
Signature over printed Name
12.22.22
(Date)

In case of negotiated purchase pursuant to Section 369 (a) of RA 7160, this portion must be accomplished).
Approved per Sanggunian Resolution No.: _____

Certified Correct: _____ Date: _____