P.A. NO: 2843
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. : 22-12-M0241A
Date : December 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	bottle	1	Lugol's Iodine Solution, 500ml	2,990.00	2,990.00
2	roll	10	Thermal Paper	63.25	632.50
3	pack	2	GA Sample Cups x 500's	14,260.00	28,520.00
4	set	1	BC 5D (Hematology Control Low, Medium, High)	22,500.00	22,500.00
5	box	2	Anti- HAV	10,465.00	20,930.00
6	box	1	Anti- HCV	10,000.00	10,000.00
7	bottle	4	LISS (Low Ionic Saline Solution)	1,500.00	6,000.00
8	bottle	4	Anti Human Globulin (AHG)	1,437.50	5,750.00
9	bottle	5	Blood Typing Sera Anti - A 10ml	1,883.00	9,415.00
10	bottle	5	Blood Typing Sera Anti - B 10ml	1,830.00	9,150.00
11	bottle	5	Blood Typing Sera Anti - D 10ml	1,667.50	8,337.50
12	set	1	Gram's Stain with buffer 500ml	4,500.00	4,500.00
13	box	1	Dutch Cal M 3ml x 6's (Multicalibrator)	31,000.00	31,000.00
14	box	1	Dutch Trol N, 5ml x 10's (Control- Normal)	45,000.00	45,000.00
15	box	1	Dutch Trol P, 5ml x 10's (Control- Pathologic)	45,000.00	45,000.00
16	bottle	3	Deproteinizer	9,000.00	27,000.00
17	set	1	Control Level N & P	15,400.00	15,400.00
18	bottle	4	Detergent H, 1000ml	27,000.00	108,000.00
19	pack	3	Dil-A, 20liters	29,750.00	89,250.00
20	bottle	2	LYA- 3 LYSE (1000ml)	24,000.00	48,000.00
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Total Amount			***Five Hundred Thirty Seven Thousand Three Hundred Seventy Five Pesos & 00/100***	**Php**	**537,375.00**

PROVINCIAL GENERAL SERVICES OFFICE
RECORDED & RECEIVED
BY: Ann
DATE: 12-27-22

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

12·27·22
(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: _____