

Certified Correct: ___

Cupplier		PURCHASE ORDER GCMed Pharma Distributor	P.O. No.:	21-04- MO030
Supplier	I. Pasig City		Date:	April 22, 2021
Gentlemen:	.,		Date.	
	mish this offi	ce the following articles subject to the terms and condition	s contained he	erein:
Place of Delivery:	P.U.5		Ch	arge
Date of Delivery:	Seven!	1) days other receipt of P.O. Payment Term	: ch	rede
tem No. Unit	Quantity	Description	Unit Cost	Amount
1 units 2 unit	1 1	Clinical Centrifuge, 12placer, Digital, Carbonless Clinical Centrifuge, 24placer, Digital, Carbonless	106,515.00 128,635.00	106,515.00 128,635.00 - - - - - -
		BY Ann OATE 4-22-21 VICES OFFICE	ENEHAL	LUND
otal Amount in Wo	rds:	Two Hundred Thirty Five Thousand One Hundred Fifty Pesos		235,150.00
		the full delivery within the time specified above, a penalty of on	e-tenth (1/10) of	
Conforme:	GCMed (Signatu	Very truly yours	T. ALBANO III	*

Date: __