



Republic of the Philippines
 PROVINCE OF ISABELA
PURCHASE ORDER

P.A. NO: 426
 DATE: _____
 BY: _____

Supplier : GCMed Pharmaceutical Distributor
 Address : Lot-2 Blk-19 Villa Christine Royale San Miguel Pasig City

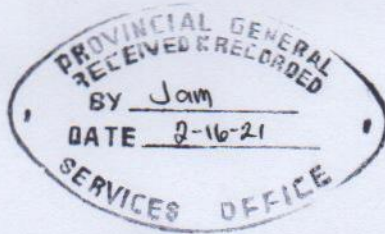
P.O. No. : 21-03-0031 (2)
 Date : 2-16-21

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	box	1,000	Multivitamins	950.00	950,000.00



GENERAL FUND

Total Amount Nine Hundred Fifty Thousand Pesos **Php 950,000.00**

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

Conforme:

 GCMed Pharmaceutical Distributor
 Signature over printed Name
 (Date)
2-17-21

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: _____