

Republic of the Philippines PROVINCE OF ISABELA

		E G TOTAL	PURCHASE (
Supplier : Gcmed Pharmaceutical Distributor					P.O. No. :	21.08 -	40090
Address: Lot 2 Blk 19, Villa Christine Royalle, San Miguel, Pasig City					Date:	August	6, 2021
Gentleme		sh this office	the following articles subject to the te	rms and conditions	contained her	ein:	
Please furnish this office the following articles subject to the terms and conditions Place of Delivery: PGSO Delivery Term							
Date of Delivery :		seven (7) days after receipt of P.O.		Payment Term:		Check	
Item No.	Unit	Quantity	Description		Unit Cost	1	Amount
1	units	2	Stretcher Cart By Am By Am By 20 to 21		142,000.00		284,000.00
Total	mount		Two Eighty Four Thousand I	Pagas 00/400		Die	204 000 00
		lu lure to make	e the full delivery within the time spec		alty of one-tent	Php	284,000.00 one
Conform	ne:	Gcmed P		Very truly your	s,	LFO T. AI	LBANO III
Approved p	er Sanggunia	n Resolution No.:					
Certified	Correct:			Date:			