



Republic of the Philippines  
PROVINCE OF ISABELA  
**PURCHASE ORDER**

Supplier: GCMED Pharmaceutical Distributor  
Address: Lot 2 Blk 19 Villa Christine Royale, San Miguel,

P.O. No.: 21-11-40165  
Date: November 20, 2021

Gentlemen: Pasig City

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	boxes	45	Nasopharyngeal Antigen x25's SD or ABOIT	21,700.00	976,500.00

BY Ann  
DATE 11-20-21  
SERVICES OFFICE

**Total Amount** Nine Hundred Seventy Six Thousand Five Hundred Pesos **Php** 976,500.00

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 12-6-21

Conforme: for Chella  
GCMED Pharmaceutical Distributor  
Signature over printed Name  
12-9-21  
(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: \_\_\_\_\_