

## Republic of the Philippines PROVINCE OF ISABELA

## PURCHASE ORDER

Supplier :	Gcmed Pharmaceutical Distributor	P.O. No.: 21-11-02-40(1)		
Address:	Lot 2 Blk 19, Villa Christine Royalle, San Miguel, Pasig City	Date : W9 4		
0				

Place of Delivery : Date of Delivery :		PGSO seven (7) days after receipt of P.O.		Delivery Term		Charge Check	
				Payment Tern	n: Che		
Item No. Unit		Quantity Description		ion	Unit Cost	Amount	
1	vials	200	Pneumovax23		3,415.00	683,000.00	

Total Amount Six Hundred Eighty Three Thousand Pesos 00/100 Php 683,000.00

In case of fail Jure to make the full delivery within the time specified above a penalty of one-tenth (1/10) of one

In case of fail lure 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,

Gemen Pharmaceutical Distributor

Signature over printed Name
||-|5 -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.:

Conforme:

Certified Correct: \_\_\_\_\_ Date: \_\_\_\_