

GSD

DATE: 12/27/21
BY: _____



Republic of the Philippines
PROVINCE OF ISABELA
PURCHASE ORDER

Supplier : Gcmed Pharmaceutical Distributor

P.O. No. : 21-12-170219A

Address : Lot 2 Blk 19, Villa Christine Royale, San Miguel, Pasig City

Date : 12-27-21

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	bxs	30	Covid 19 Ag Rapid Test Kit 25's	21,700.00	651,000.00

PROVINCIAL GENERAL
RECEIVED & RECORDED
BY Ann
DATE 12-27-21
SERVICES OFFICE

Total Amount Six Hundred Fifty One Thousand Pesos 00/100 Php 651,000.00

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,

RODOLFO T. ALBANO
Provincial Governor

Conforme:

Gcmed
Gcmed Pharmaceutical Distributor
Signature over printed Name
12-27-21
(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: _____