



Republic of the Philippines  
PROVINCE OF ISABELA

**PURCHASE ORDER**

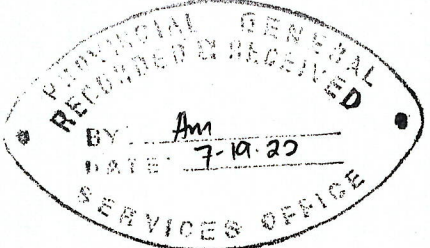
P.A. NO. 1546  
DATE: 7/19/22  
BY: [Signature]

Supplier : GCMed Pharmaceutical Distributor P.O. No. : 22-07-MDUGS  
Address : Batac City, Ilocos Norte Date : July 19, 2022

Gentlemen:  
Please furnish this office the following articles subject to the terms and conditions contained herein:

Place of Delivery : PGSO - FND Delivery Term: \_\_\_\_\_ Charge \_\_\_\_\_  
Date of Delivery : Sixty (60) days after receipt of P.O. Payment Term: \_\_\_\_\_ Check \_\_\_\_\_

Item No.	Unit	Quantity	Description	Unit Cost	Amount
1	unit	1	Coagulation Machine, Wondfo Optical	500,000.00	500,000.00
2	box	1	Partial Thromboplasticin (PT), 24 tests	10,500.00	10,500.00
3	box	1	Activated Partial Thromboplasticin Time (APTT), 24 tests	10,500.00	10,500.00
4	bottle	1	Control, Normal	7,500.00	7,500.00
5	bottle	1	Control, Abnormal	7,500.00	7,500.00



**Total Amount** Five Hundred Thirty Six Thousand Pesos **Php** 536,000.00

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,

[Signature]  
**RODOLFO T. ALBANO III**  
Provincial Governor

Conforme: [Signature]  
GCMed Pharmaceutical Distributor  
Signature over printed Name  
8-10-22  
(Date)

In case of negotiated purchase pursuant to Section 369 (a) of RA 7160, this portion must be accomplished.  
Approved per Sanggunian Resolution No.: \_\_\_\_\_

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