



Republic of the Philippines
 PROVINCE OF ISABELA
PURCHASE ORDER

P.A. NO: 1569
 DATE: 7/20/22
 BY: _____

Supplier: Gcmed Pharmaceutical Distributor
 Address: Lot 2 Blk 19, Villa Christine Royale, San Miguel, Pasig City

P.O. No.: 22-07-110075
 Date: July 20, 2022

Gentlemen:

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

Place of Delivery: PGSO - PSTH 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	set	1	Hematology Control Mindray (low,normal,high)	22,500.00	22,500.00
2	box	1	KT Diluent 20 liters	32,000.00	32,000.00
3	box	1	S.D Biotline Rapid Test Kit for Syphilis & HIV	5,083.00	5,083.00



Total Amount Fifty Nine Thousand Five Hundred Eighty Three Pesos 00/100 **Php** 59,583.00

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,

Conforme:

[Signature]
 Gcmed Pharmaceutical Distributor
 Signature over printed Name -
10-24-22
 (Date)

[Signature]
RODOLFO T. ALBANO III
 Provincial Governor

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: _____