

Republic of the Philippines PROVINCE OF ISABELA

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and the same of th	A CAU				

plier: Gcmed Pharmaceutical Distributor

BY:

P.O. No.: 22-09. 00099-E

						20 Apr 1	
Address: L	ot 2 Blk	19, Villa Chri	stine Royalle, San Miguel, Pasig City	Date: Septonbo 21, 2022			
Gentleme Pi		ish this office	the following articles subject to the terms	s and conditions contai	ned herein:		
Place of Delivery : Date of Delivery :		PGSO		Delivery Term:	Charge		
		seven (7) days after receipt of P.O.		Payment Term:	Check		
Item No.	Unit	Quantity	Description		Unit Cost	Amount	
1	vial	200	Anti-Rabies Vaccine Vial (Verocell)	[†]	3,400.00	680,000.00	
			Am q-31-3	n Company			

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.

Six Hundred Eighty Thousand Pesos 00/100

Very truly yours,

RODOLFO T. ALBANO II Provincial Governor

Php

680,000.00

Conforme:

Total Amount

Gemed Pharmaceutical Distributor

Signature over printed Name

(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: