

Approved per Sanggunian Resolution No.:

Certified Correct:

## Republic of the Philippines

PROVINCE OF ISABELA PURCHASE ORDER								
Supplier: Gcmed Pharmaceutical Distributor					P.O. No.: 22-10- DOLI7			
Address: Lot 2 Blk 19, Villa Christine Royalle, San Miguel, Pasig City					Date: October 26, 702			
		o, rina Oilli	content tan ingadi, adig or		1			
Gentleme P	en. lease furnis	h this office t	he following articles subject to the ter	ms and conditions cont				
Place of Delivery : PGSO			Delivery Term:		Charge			
Date of Delivery : s		seven (7)	days after receipt of P.O. Payment Term:		Check			
Item No.	Unit	Quantity	Description		Unit Cost	A	mount	
1	vial	100	Anti-Rabies Vaccine (Equine)		3,400.00		340,000.00 - - -	
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			COTTE W	26.21			-	
			1088	OFFICE			-	
			GENERAL FUND			-		
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Total Amount		Three Hundred Forty Thousand Pesos 00/100				Php	340,000.00	
norsent C		In case of failure of delay shall b	re to make the full delivery within the time	e specified above, a penalty	of one-tenth $(1/10)$	of one		
percent IC	л сусту цау (	n uciay shall 0	е шрозоц.	Very truly yours,		M		
			$\wedge$ $I$ . 1			RODOLFO T. ALBANO III		
Conforme:		Chtla			Provincial Governor			
		Gemed Pharmaceutical Distributor					4	
Signature over printed Name								
			(Date)					
In case of negotiated purchase pursuant to Section 369 (a) of RA 7160, this portion must be accomplished).								

Date: \_\_\_\_\_