Republic of the Philippines
PROVINCE OF ISABELA

PURCHASE ORDER

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

P.O. No. : 22-10-40129A
Date : October 25, 2022

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	2	TROP I FIA x 25's	34,327.50	68,655.00
2	bxs	2	Typhidot, Rapid Test (salmonella)	13,363.00	26,726.00
3	bxs	4	Dengue NS 1 Ag	11,040.00	44,160.00
4	bxs	4	Dengue IgG, IgM	13,800.00	55,200.00
5	bxs	10	Blood Glucose Electrodes	2,900.00	29,000.00
6	vls	2	AHG	1,437.50	2,875.00
7	vls	2	LISS	1,500.00	3,000.00
8	bxs	4	HCG / Urine / Serum	2,018.25	8,073.00
9	bxs	4	HCG Urine	1,160.00	4,640.00
10	bxs	10	Urine Strips, 4 para	653.25	6,532.50
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
Total Amount			*Two Hundred Forty Eight Thousand Eight Hundred Sixty One Pesos & 50/100*	**Php**	**248,861.50**

PROVINCIAL GENERAL SERVICES OFFICE
Received
10-25-22

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,

RODOLFO T. ALBANO III
Provincial Governor

Conforme:

Gcmed Pharmaceutical Distributor
Signature over printed Name

11-4-22
(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: _____