

Republic of the Philippines PROVINCE OF ISABELA

PURCHASE ORDER

Gcmed Pharmaceutical Distributor

P.O. No.: 12-10-40159

ress: Lot 2 Blk 19, Villa Christine Royalle, San Miguel, Pasig City

Date: October 27, 2022

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Certified Correct: __

Please furni Place of Delivery : Date of Delivery :		PGSO		Delivery Term:	Charge Check		
		seven (7)	days after receipt of P.O.	Payment Term:			
Item No.	Unit	Quantity	Description		Unit Cost	I	Amount
1 2 3	boxes boxes	3 3 5	Triglyceride 70ml x 8's Creatinine 70ml x 4's/20ml x 3's HBsAg Rapid Antigen Kit x 30's		224,000.00 101,700.00 2,472.50		672,000.00 305,100.00 12,362.50
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Total Amount Nine Hundred Eighty Nine Thousand Four Hundred Sixty Two Pesos & 50/10					Php	989,462.50	
percent for		In case of failur of delay shall be	e to make the full delivery within the time sp imposed.		y of one-tenth (1/10)	of one	alasta dala paga pilamin chalab Chimatilian y ene con la esta patri dari entre c
				Very truly yours,	1	M	5
Conform	e:		harmaceutical Distributor		RODOLFO T. A Provincial G		
		Sign	ature over printed Name				7
			(Date)				

Date: __