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-M0163
Date : October 27, 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	trays	15	EDTA	1,320.00	19,800.00
2	boxes	8	Kt-Dilunet	32,000.00	256,000.00
3	bot	5	KT-Lyse	34,000.00	170,000.00
4	boxes	5	HbsAg x 30's	2,472.50	12,362.50
5	bot	1	Anti-A	1,883.00	1,883.00
6	bot	1	Anti-B	1,830.00	1,830.00
7	bot	1	Anti-D	1,667.50	1,667.50
8	bot	10	Urine Strips 4's	653.25	6,532.50
9	bot	10	Glucose Strip	1,920.00	19,200.00
10	boxes	20	Glass Slides	90.00	1,800.00
11	trays	5	Yellow Top	1,320.00	6,600.00
12	set	1	Hemalyzer Control (Low, Normal, Pathologic)	22,500.00	22,500.00
13	trays	10	Red Top Tube	1,320.00	13,200.00
14	pcs	10	Thermal Paper	63.25	632.50
15	bxs	5	Typhidot Kit (Salmonella Typhidot)	13,363.00	66,815.00
16	bxs	5	Syphilis	5,083.00	25,415.00
17	boxes	1	Neochem Calibrator	31,000.00	31,000.00
18	boxes	5	Dengue NS1	11,040.00	55,200.00
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Total Amount			***Seven Hundred Twelve Thousand Four Hundred Thirty Eight Pesos 00/100***	**Php**	**712,438.00**

PROVINCIAL GENERAL SERVICES OFFICE
RECEIVED
Ann
DATE 10-27-22

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:

for Chell
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: _____