

Republic of the Philippines PROVINCE OF ISABELA

PURCHASE ORDER

P.O. No.: 12 12 DOIYUA

DATE:

BY:_

Date: Decomber 5, 2022

adress	:	Lot 2	Blk	19,	Villa	Christine	R
7							

: Gcmed Pharmaceutical Distributor

Poyalle, San Miguel, Pasig City

Gentlemen:		
Please furnish this office the following article	es subject to the terms and conditions containe	d herein

Place of Delivery: PGSO **Delivery Term:** Charge

Date of De			days after receipt of P.O. Payment Term:	***************************************	Check	
Item No.	Unit	Quantity	Description	Unit Cost	A	mount
1	vial	2000	Ceftriaxone 1g + 10ml diluent vial	178.00		356,000.00
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			Ann 12.5.22			-
			SENTE 12.5.22			-
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Total A	mount		Three Hundred Fifty Six Thousand Pesos 00/100		Php	356,000.00

In case of failure to make the full delivery within the	e time specified above, a penalty of one-tenth (1/10) of or	ne
percent for every day of delay shall be imposed.	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	4

Very truly yours,

Conforme: Gcmed Pharmaceutical Distributor Signature over printed Name 12-19-22 (Date)

RODOLFO T. ALBANO III Provincial Governor

Approved per Sanggunian Resolution No.:	of RA /160, t	his portion must be accomplished).
7.		
Certified Correct:	1	Date: