

## Republic of the Philippines PROVINCE OF ISABELA

## **PURCHASE ORDER**

Jier: Gcmed Pharmaceutical Distributor

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

DATE: BY:

P.O. No.: 12.12.00151A

Date: Pecember 5, 2022

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Please furnish this office the following articles subject to the terms and cond	tions contained herein:
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 Place of Delivery :
 PGSO
 Delivery Term:
 Charge

Payment Term: Check Date of Delivery: seven (7) days after receipt of P.O. Description **Unit Cost** Amount Item No. Unit Quantity 356,000.00 178.00 2000 Ceftriaxone 1g + 10ml diluent vial 1 vial Three Hundred Fifty Six Thousand Pesos 00/100 **Total Amount** 356,000.00

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,

Conforme:

Gcmed Pharmaceurical Distributor

Signature over printed Name

(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: \_\_\_\_

RODOLFO T. ALBANO
Provincial Governor