

Republic of the Philippines PROVINCE OF ISABELA

PURCHASE ORDER

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DATE:	
BY:	(X

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BY:	$\perp X$
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ier : Gcmed Pharmaceu	itical Distributor	P.O. No.:	22-12-D0156-A
	a Christine Royalle, San Miguel, Pasig City		Delimber 5, von
Gentlemen:			
	office the following articles subject to the terms and conditions contain Delivery Term:	ined herein:	Charge
Place of Delivery : PGSC		Check	
	(1) dutys tryter receipt c)	Unit Cost	Amount
Item No. Unit Qua	ntity Description	Unit Cost	
1 vial 40	000 Cefuroxime 750mg vial	89.99	359,960.00
1 vial 1 40	Octoroximo / comg visi.		-
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Total Amount	Three Hundred Fifty Nine Thousand Nine Hundred Sixty Pesos 0		Php 359,960.00
In case	of failure to make the full delivery within the time specified above, a penalty	of one-tenth (171)	0) of one
percent for every day of delay	Shall be imposed. Very truly yours,		1/1
		16	Me
	A. A.	RODOLFO T	
Conforme:	() JULY	Provincial	Governor
	Signature over printed Name		Y
	Signature over printed Name		•
	(Date)		
In case of negotiated purchase pu Approved per Sanggunian Resolu	ursuant to Section 369 (a) of RA 7160, this portion must be accomplished). ution No.:		
Certified Correct:	A STATE OF THE STA		