



Republic of the Philippines
 PROVINCE OF ISABELA
PURCHASE ORDER

PA NO: 2783
 DATE: _____
 BY: _____

Supplier : Gcmed Pharmaceutical Distributor
 Address : Lot 2 Blk 19, Villa Christine Royale, San Miguel, Pasig City

P.O. No. : 22-12-00177
 Date : December 15, 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	vial	2000	Ceftraixone 1g + 10ml diluent vial	178.00	356,000.00



Total Amount Three Hundre Fifty Six Thousand Pesos 00/100 **Php** 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,

RODOLFO T. ALBANO III
 Provincial Governor

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