

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

Republic of the Philippines PROVINCE OF ISABELA

PURCHASE ORDER

	CIALS	r	U.	RUHASE	U	IKL
Supplier :	Gcmed Pharmaceutical Distributor					

P.O. No.: 22-12-Doil

P.A. NO:

BY:

Date: December 28, 2022

Gentlemen:
Gentiemen.

Please furnish this office the following articles subject to the terms and conditions contained herein:

Place of Delivery: PGSO - ECHAGUE DISTRICT HOSPITAL Delivery Term:

Charge Date of Delivery: some (7) days after receipt of PO Payment Term: Check

Item No. Unit Quantity Description Unit Cost Amount 1 vial 200 Vaccine, Vero Cell (Purified) 2.5 IU/0.5ml vial 1,679.99 335,9	Date of De	livery :	seven (7)	days after receipt of P.O. Payment Term:	-	Check
	Item No.	Unit	Quantity	Description	Unit Cost	Amount
Amn 12. 28. 22	1	vial	200	Vaccine, Vero Cell (Purified) 2.5 IU/0.5ml vial	1,679.99	335,998.00 - - - -
				mn 12. 28. 22		- - - - - - - - -
Total Amount Three HUndred Thirty Five Thousand Nine Hundred Ninety Eight Pesos 00/100 Php 335,9	Total	mount	Thre	se HUndred Thirty Five Thousand Nine Hundred Ninety Fight Pe	sps 00/400	Php 335,998.00

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 Pharmaceutical Distributor Signature over printed Name

12.28-22 (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: _____

RODOLFO T. ALBANO II

Provincial Governor