P.A No.: 2399
DATE:
BY:

Republic of the Philippines
PROVINCE OF ISABELA

PURCHASE ORDER

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

P.O. No. : 22-12-M0124
Date : December 5, 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	box	1	Glucose, 70ml x 5's	77,000.00	77,000.00
2	packs	3	Dil-A, 20 liters	29,750.00	89,250.00
3	bottles	3	A1 Flush (Alkaflush) 1000ml	29,850.00	89,550.00
4	boxes	20	Blood Glucose Strips	2,900.00	58,000.00
5	trays	15	Blood Collecting Tube Lavander Top 3ml x 100s	1,320.00	19,800.00
6	boxes	2	Solution Pack (ISEPack)	38,250.00	76,500.00
7	boxes	2	HCG U/S	2,018.25	4,036.50
8	boxes	15	SD HbSAG x 30's	2,472.50	37,087.50
9	boxes	15	Urine Strips x 100's, 4 parameters	653.25	9,798.75
10	box	1	Fecal Occult Blood (FOBT) 50's	15,230.00	15,230.00
11	bottles	2	Detergent H, 1000ml	27,000.00	54,000.00
12	boxes	2	RPR/Syphilis	5,083.00	10,166.00
13	boxes	2	Salmonella Typhidot	13,363.00	26,726.00
14	box	1	HDL - Direct (Cholesterol) 50ml x 3's / 17ml x 3's	93,900.00	93,900.00
15	box	1	SGPT/ALT, 70ml x 4's / 20ml x 3's	124,300.00	124,300.00
16	box	1	Urea UV (BUN), 70ml x 4's / 30ml x 2's	102,830.00	102,830.00
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Total Amount			***Eight Hundred Eighty Eight Thousand One Hundred Seventy Four Pesos & 75/100***	**Php**	**888,174.75**

PROVINCIAL GENERAL SERVICES OFFICE RECORDED & RECEIVED BY ann DATE 12.5.22

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

12-16-22
(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: _____