P.A No.: 2459
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-M0197
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	2	Glucose, 70ml x 5's	77,000.00	154,000.00
2	pack	3	HBA1C FIA x 25's	10,781.00	32,343.00
3	box	7	HCG Pregnancy Test x 50's	1,160.00	8,120.00
4	bot	2	LISS	1,500.00	3,000.00
5	box	8	SD HbsAg x 30's	2,472.50	19,780.00
6	box	3	HDL-Direct (Cholesterol) 50ml x 3's / 17ml x 3's	93,900.00	281,700.00
Total Amount			***Four Hundred Ninety Eight Thousand Nine Hundred Forty Three Pesos 00/100***	**Php**	**498,943.00**

PROVINCIAL GENERAL SERVICES OFFICE
RECEIVED
BY Am
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
12.11.22
(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: _____