P.A. NO: 2586
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- mo205
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	set	1	Control Level N & P	15,400.00	15,400.00
2	box	3	Creatinine, 70ml x 4's / 20ml x 3's	101,700.00	305,100.00
3	box	1	Dutch Trol P, 5ml x 10's (Control-Pathologic)	45,000.00	45,000.00
4	bot	3	DF5 Lyse EO-I, 1000ml	23,500.00	70,500.00
5	pack	1	HBA1C FIA x 25's	10,781.00	10,781.00
6	box	8	SD HbsAg x 30's	2,472.50	19,780.00
7	box	1	Dutch Cal M, 3ml x 6's (Multicalibrator)	31,000.00	31,000.00
Total Amount			*Four Hundred Ninety Seven Thousand Five Hundred Sixty One Pesos & 00/100*	**Php**	**497,561.00**

PROVINCIAL GENERAL SERVICES OFFICE
RECORDED & 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
12-19-22
(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: _____

GENERAL FUND