P.A. NO: 2792
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-PO 206-A
Date : December 7 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	botls	60	OGTT 75 grams	325.00	19,500.00
2	trays	20	Blood Collecting Tube, Yelow Top 4 ml x 100's	1,320.00	26,400.00
3	bxs	20	HbsAg (SD Bioline)	2,472.00	49,440.00
4	bxs	5	R{R/Syphilis (SD Bioline)	5,083.00	25,415.00
5	bxs	2	Salmonella Typhi	13,363.00	26,726.00
6	bx	1	Glass Cover Slip Thin	495.00	495.00
7	bxs	15	Urine Strips, 4 parameters	653.25	9,798.75
8	bxs	5	Pregnancy Test Kit, Urine	1,160.00	5,800.00
9	bxs	20	Glucose Strips, Advan	2,900.00	58,000.00
10	packs	20	Blood Collecting Tube, Lavander Top 3 ml x 100's	1,320.00	26,400.00
11	bxs	5	Blood Lancet, Pricker, 200's	1,360.00	6,800.00
12	bxs	2	Dengue NS1 x 10's	11,040.00	22,080.00
13	bxs	20	Glass Slides, plain, 72's	90.00	1,800.00
14	box	1	Gram Stain with buffer, 500ml, medic	9,500.00	9,500.00
15	packs	10	Blood Collecting Tube, Lavander Top. Plain, 0.5ml x 1(	1,320.00	13,200.00
16	bxs	5	Multi Sample Needle ga 21 x 100's (Vacutainer Needle	483.95	2,419.75
17	bxs	5	Multi Sample Needle ga 23 x 100's (Vacutainer Needle	483.95	2,419.75
18	bxs	5	Applicator Stick x 1000's	254.57	1,272.85
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Total Amount			*Three Hundred Seven Thousand Four Hundred Sixty Seven Pesos & 10/100*		**Php 307,467.10**

PROVINCIAL GENERAL SERVICES OFFICE
RECORDED & RECEIVED
BY Am
DATE 12-7-22

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

12-23-22
(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: _____