P.A. NO: 2859
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-M0023
Date : December 27, 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	boxes	50	Disposable Syringe w/ Needle 10mlx100's	568.48	28,424.00
2	boxes	50	Disposable Syringe w/ needle 1mlx100's	439.98	21,999.00
3	boxes	50	Disposable Syringe w/ needle 3mlx100's	439.50	21,975.00
4	bot.	50	Hydrogen Peroxide, 120ml	46.00	2,300.00
5	pcs	500	I.V. Cannule ga. 24	48.90	24,450.00
6	pcs	300	I.V. Cannula ga. 26	48.90	14,670.00
7	pcs	50	Foley Bag Catheter Fr. 14	69.98	3,499.00
8	pcs	1000	Infusion Set, adult	27.85	27,850.00
9	pcs	20	Nasogastric Tube, Fr. 16 (Silicone)	367.48	7,349.60
Total Amount			*One Hundred Fifty Two Thousand Five Hundred Sixteen Pesos & 60/100*	**Php**	**152,516.60**

PROVINCIAL GENERAL SERVICES OFFICE
RECEIVED & RELEASED
BY Am
DATE 12-27-22

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
12-27-22
(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: _____