



Republic of the Philippines
 PROVINCE OF ISABELA
PURCHASE ORDER

P.A. NO: 458
 DATE: _____
 BY: [Signature]

Supplier : Gcmed Pharmaceutical Distributor
 Address : Mansion Condominium, 212 San Juan St., Brgy. 037, District 02, Pasay City

P.O. No. : 23-05-10029
 Date : May 9, 2023

Gentlemen:
 Please furnish this office the following articles subject to the terms and conditions contained herein:

Place of Delivery : PGSO - GPOD 74123 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	pcs	50	Bed Pan	204.50	10,225.00
2	pcs	500	Blood Transfusion	74.00	37,000.00
3	pcs	600	Chromic 2/0 Round	539.90	323,940.00
4	pcs	120	Elastic Bandage 3"	49.95	5,994.00
5	pcs	360	Elastic Bandage 4"	55.40	19,944.00
6	pcs	240	Elastic Bandage 6"	89.80	21,552.00
7	pcs	500	Foley Catheter FR 16	69.90	34,950.00
8	pcs	500	Foley Catheter FR 18	69.90	34,950.00
9	pcs	50	02 Mask Adult	102.00	5,100.00
10	pcs	300	02 Cannula Adult	52.00	15,600.00
11	pcs	500	Suction Tip Fr8	15.00	7,500.00
12	pcs	1000	IV Cannula G18	46.20	46,200.00
13	pcs	240	Vicryl 0 Round	993.80	238,512.00



Total Amount Eight Hundred One Thousand Four Hundred Sixty Seven Pesos & 00/100 **Php** 801,467.00

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
07-03-23
 (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: _____