



Republic of the Philippines
 PROVINCE OF ISABELA
PURCHASE ORDER

P.A. NO: 700
 DATE: _____
 BY: [Signature]

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

P.O. No. : 23-06-140043
 Date : June 9, 2023

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	bottle	5	Diluent (Dil A) 20L	29,750.00	148,750.00
2	box	1	HDL Direct (Cholesterol) 50mlx3's/17mlx3's	93,898.00	93,898.00
3	box	1	SGOT/AST, 70ml x 4's/20ml x 3's	124,295.00	124,295.00
4	bottle	3	Deproteinizer	8,999.00	26,997.00
5	set	1	BC 5D Control (Hematology Control,Low,Normal,High)	22,500.00	22,500.00
6	box	30	RBS Strips	1,920.00	57,600.00
7	bottle	5	Anti Human Globulin (AHG)	1,437.50	7,187.50
8	bottle	5	Low Ionic Saline Solution (LISS)	1,500.00	7,500.00
9	box	1	Erma Control Normal & Abnormal	28,392.00	28,392.00
10	box	4	Solution Pack (ISE Pack)	38,250.00	153,000.00
11	box	15	Glass Slides, Clear x 72's	90.00	1,350.00
12	piece	1000	Urine Container Plastic with Cap	14.28	14,280.00
13	tray	10	Blood Collecting Tube Lavander Top 3mlx100's	1,320.00	13,200.00
14	box	3	Urine Strips x 100's, 10 Parameters	1,437.50	4,312.50
15	set	1	Giemsa Stain Set with Buffer 500ml	4,536.75	4,536.75
16	tray	10	Blood Collecting Tube Lavander Top EDTA Microtainer	1,320.00	13,200.00
17	set	1	Gram Stain with Buffer, 500ml	9,500.00	9,500.00

RECEIVED
 BY: Ann
6-9-23
 SERVICES OFFICE

Total Amount Seven Hundred Thirty Thousand Four Hundred Ninety Eight Pesos & 75/100 **Php** 730,498.75

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,

[Signature]
RODOLFO T. ALBANO III
 Provincial Governor

Conforme: _____
Gcmed Pharmaceutical Distributor
 Signature over printed Name
7-4-23
 (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: _____