



Republic of the Philippines
PROVINCE OF ISABELA

P.A. NO: 1613
DATE: _____
BY: Vr

PURCHASE ORDER

Supplier: Gcmed Pharmaceutical Distributor

P.O. No. : 2023-08-0154

Address: Legend Mansion Condominium, 212 San Juan St., Brgy. 37, 1300 Pasay City

Date : 8-22-2023

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		Amount
1	set	1	Mannequins for (CPR with AED and FBAO Management (Adult, Pedia and Infant) Trainer	90,000.00	90,000.00
2	set	1	Bag Valve Mask (Adult, Pedia and Infant) Heavy Duty	3,000.00	3,000.00
3	pc	1	Automated External Defibrillator (AED) Trainer	30,000.00	30,000.00



Total Amount One Hundred Twenty Three Thousand Pesos & 00/100 **Php** 123,000.00

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,

Conforme:

[Signature]
Gcmed Pharmaceutical Distributor
(Signature over printed Name)
12-7-23
(Date)

[Signature]
RODOLFO T. ALBANO III
Governor

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: _____