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. : 22-10-00107-0
Date : October 12, 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	ampule	500	ATS 1500 IU Amp	77.98	38,990.00
2	ampule	400	ATS 3000 IU Amp	512.45	204,980.00
3	ampule	300	Tetanus Toxoid 40 IU amp	107.90	32,370.00
Total Amount			*Two Hundred Seventy Six Thousand Three Hundred Forty Pesos 00/100*	**Php**	**276,340.00**

PROVINCIAL GENERAL SERVICES
Am
10-12-22

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

11-17-22
(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: _____