



Republic of the Philippines  
PROVINCE OF ISABELA  
**PURCHASE ORDER**

<b>P.A No.:</b> <u>2286</u>
<b>DATE:</b> _____
<b>BY:</b> _____

<b>Supplier:</b> <u>Gcmed Pharmaceutical Distributor</u>	<b>P.O. No.:</b> <u>22-10 - 00109B</u>
<b>Address:</b> <u>Lot 2 Blk 19, Villa Christine Royale, San Miguel, Pasig City</u>	<b>Date:</b> <u>October 12, 2022</u>

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

<b>Place of Delivery:</b> <u>PGSO</u>	<b>Delivery Term:</b> _____	<b>Charge</b>
<b>Date of Delivery:</b> <u>seven (7) days after receipt of P.O.</u>	<b>Payment Term:</b> _____	<b>Check</b>

Item No.	Unit	Quantity	Description	Unit Cost	Amount
1	bottle	1200	D5 LRS 1000ml	99.99	119,988.00
2	bottle	1200	Plain NSS 1000ml	100.00	120,000.00



<b>Total Amount</b>	<u>Two Hundred Thirty Nine Thousand Nine Hundred Eighty Eight Pesos 00/100</u>	<b>Php</b> <u>239,988.00</u>
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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  
12-19-22  
(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: \_\_\_\_\_