P.A No.: 2953
DATE:
BY:

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. :** 22-12-M0192
**Date :** December 5, 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 | bx | 1 | HDL - Direct (Cholesterol) 50ml x 3's / 17ml x 3's | 93,900.00 | 93,900.00 |
| 2 | botls | 5 | Detergent H 1000ml | 27,000.00 | 135,000.00 |
| 3 | botls | 5 | Alkaflush 1000ml | 29,850.00 | 149,250.00 |
| **Total Amount** | | | ***Three Hundred Seventy Eight Thousand One Hundred Fifty Pesos 00/100*** | **Php** | **378,150.00** |

PROVINCIAL GENERAL SERVICES OFFICE RECEIVED BY Ann DATE 12-5-22

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
12-12-22
(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: _____