



Republic of the Philippines
 PROVINCE OF ISABELA
PURCHASE ORDER

P.A. NO: 695
 DATE: _____
 BY: [Signature]

Supplier : Gcmed Pharmaceutical Distributor

P.O. No. : 23-06-140059

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

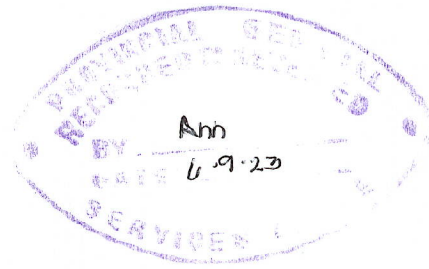
Date : June 9, 2023

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	10	KT Diluent 20liters	32,000.00	320,000.00
2	pieces	150	Urine Cups with cover	14.28	2,142.00
3	trays	12	Yellow Top 3ml	1,320.00	15,840.00
4	trays	10	EDTA Microtainer 0.5ml	1,320.00	13,200.00
5	set	2	BC5D Control	22,500.00	45,000.00
6	box	5	HBA1C x 50's	10,780.00	53,900.00
7	box	2	TSH x 25's	13,179.00	26,358.00
8	box	2	FT4 x 25's	10,786.00	21,572.00
9	box	1	CKMB FIA x 25's	16,000.00	16,000.00
10	box	1	Triglycerides 70ml x 8's	223,500.00	223,500.00
11	bottle	5	Alkaflush 1000ml	29,848.00	149,240.00
12	bottle	5	Anti A 10ml	1,883.00	9,415.00
13	bottle	5	Anti B 10ml	1,830.00	9,150.00


 Ann
 BY: _____
 DATE: 6-9-23

Total Amount Nine Hundred Five Thousand Three Hundred Seventeen Pesos & 00/100 **Php** 905,317.00

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,

[Signature]

RODOLFO T. ALBANO III
 Provincial Governor

[Signature]

Conforme:

[Signature]
 Gcmed Pharmaceutical Distributor
 Signature over printed Name
6-9-23
 (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: _____