

P.A. NO: 738
 DATE: _____
 BY: _____



Republic of the Philippines
 PROVINCE OF ISABELA
PURCHASE ORDER

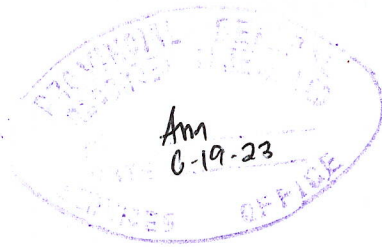
Supplier : GCMed Pharmaceutical Distributor
 Address : Legend Mansion Condominium, 212 San Juan St. Brgy. 37, 1300 Pasay City

P.O. No. : 23.06 - 110071
 Date : June 19, 2023

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

Place of Delivery : PGSO - Milagros Albano District Hospital Delivery Term: _____ Charge _____
 Date of Delivery : Seven (7) day after receipt of P.O. Payment Term: _____ Check _____

Item No.	Unit	Quantity	Description	Unit Cost	Amount
1	unit	4	Infusion Pump	133,475.00	Php 533,900.00



Total Amount Five Hundred Thirty Three Thousand Nine Hundred Pesos **Php** 533,900.00

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: _____
 GCMed Pharmaceutical Distributor
 Signature over printed Name
6-21-23
 (Date)

RODOLFO T. ALBANO III
 Provincial 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: _____