



Republic of the Philippines
PROVINCE OF ISABELA

P.A. NO: 1170
DATE: _____
BY: Ve

PURCHASE ORDER


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

P.O. No. : 23-07-H0094B
Date : July 24, 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		Amount
1	kit	60	HBsAg kits	2,472.50	148,350.00
					
Total Amount					Php 148,350.00

One Hundred Forty Eight Thousand Three Hundred Fifty Pesos & 00/100

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)
7-24-23
(Date)


RODOLFO T. ALBANO III
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: _____