



Republic of the Philippines
PROVINCE OF ISABELA

P.A. NO: 1889
DATE: _____
BY: _____

PURCHASE ORDER

Supplier: Gcmed Pharmaceutical Distributor

P.O. No. : 23-10-M01201

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

Date : October 18, 2023

Gentlemen:

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

Place of Delivery : _____ Delivery Term : _____
Date of Delivery : _____ Payment Term: _____

Item No.	Unit	Quantity	Description		Amount
1	box	6	SD HbSAG x 30's	2,472.50	14,835.00
2	box	1	Solution Pack (ISEPack)	38,250.00	38,250.00
3	box	1	Troponin 1 (CTN 1) FIA x 25's	15,980.00	15,980.00
4	box	3	HCG Pregnancy Test x 50's	1,160.00	3,480.00
5	set	1	Coagulation Control	16,000.00	16,000.00
6	set	1	BC 5D Control	22,500.00	22,500.00
7	pack	2	GaA sample cups x 500s	14,259.00	28,518.00
8	set	1	GA200/400 Cuvettes	34,200.00	34,200.00
9	box	2	Solution Pack (ISEPack)	38,250.00	76,500.00
10	bot	6	A1 Flush (Alkaflush) 1000ml	29,848.00	179,088.00
11	bot	2	Detergent H, 1000ml	26,999.00	53,998.00
12	box	1	HDL - Direct (Cholesterol) 50ml x 3's / 17ml x 3's	93,898.00	93,898.00
13	box	1	Uric Acid (BUA), 70ml x 4's / 20ml x 3's	91,530.00	91,530.00
14	box	1	Cholesterol 70ml x 8's	123,197.00	123,197.00



Total Amount Seven Hundred Ninety One Thousand Nine Hundred Seventy Four Pesos & 00/100 Php **791,974.00**

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)
12-4-23
(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: _____