OFTE	Republic of the Philippines
	PROVINCE OF ISABELA
	DUDCHASE OPDER

P.A. NO:_	1931
DATE:	
BY:	NAMES AND ASSESSMENT OF THE PROPERTY OF THE PR



Place of Delivery:

PURCHASE ORDER

plier : Gcmed Pharmaceutical Distributor		P.O. NO.	: 23-11 - MOIZZ
Address: Legend Mansion Condominium, 212 San Juan St.,	Brgy. 37, 1300 Pasay City N	Date	: November 3, 2023
Gentlemen:			
Please furnish this office the following articles subject to t	ne terms and conditions contain	ed herein:	
Place of Delivery :	Delivery Term :		

Date of D	elivery :	200	Payment Term:		
Item No.	Unit	Quantity	Description		Amount
1 2 3 4 5 6 7 8 9 10 11 12	pc pc box box pc set set pc pc pc	30 150 50 50 50 25 15 15 100 100 75	Digital Thermometer w/ Battery Emergency Thermal Blanket Examination Gloves Non-powdered Medium (Blue) 100's Examination Gloves Non-powdered Large (Blue) 100's Examination Gloves Non-powdered Extra Large (Blue) 100's Penlight w/ Battery Sphygmonameter w/ stethoscope (Heavy Duty) Steel, Oxygen Regulator w/ Humidifier (Heavy Duty) Oxygen Mask Adult Oxygen Mask Pedia Oxygen Cannula Adult Oxygen Cannula Pedia	148.95 400.00 628.45 628.45 628.45 320.00 2,950.00 7,800.00 101.95 101.95 51.95	4,468.50 60,000.00 31,422.50 31,422.50 31,422.50 8,000.00 44,250.00 117,000.00 10,195.00 10,195.00 5,195.00 3,896.25
			Mn 11-3.23		
Total /	Amount	Three H	lundred Fifty Seven Thousand Four Hundred Sixty Seven F	Pesos & 25/100	Php 357,467.25

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	
A. Va	(Signature over printed Name)	
	11-24-23	
	(Date)	

all	*
RODOLFO T. ALBANO I Governor	
	W

In case of negotiated purchase pursuant to Se Approved per Sanggunian Resolution No.:	ction 369 (a) of RA 7160, this portion must be accomplished).	
Certified Correct:	Date:	