



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 N

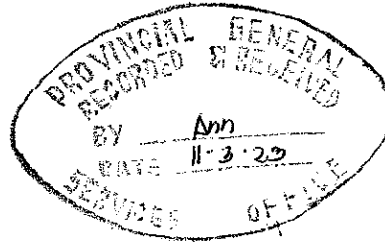
P.O. No. : 23-11 - 110122A
Date : November 9, 2023

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		Amount
1	doz	15	Chromic 2/0 round	295.00	4,425.00
2	pcs	500	Nebulizer Kit	109.95	54,975.00
3	doz	15	Silk Suture 4/0 Cutting	598.95	8,984.25
4	pcs	50	Solu Set 120ml	221.95	11,097.50
5	box	10	X ray Envelope 11x14 (100pcs)	739.70	7,397.00
6	box	5	X ray Envelope 14x17 (100pcs)	960.41	4,802.05
7	box	5	X ray Film 10x12 (100pcs)	6,083.85	30,419.25
8	box	5	X ray Film 11x14 (100pcs)	6,728.95	33,644.75
9	box	5	X ray Film 14x17 (100pcs)	9,082.70	45,413.50
10	box	2	X ray Fixer (2 gallons)	5,214.95	10,429.90
11	box	4	X ray Developer (2 gallons)	5,214.95	20,859.80
0	0.00	0	0	34.88	-



Total Amount Two Hundred Thirty Two Thousand Four Hundred Forty Eight Pesos & 00/100 Php **232,448.00**

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)
12-27-23
(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: _____