



Republic of the Philippines
PROVINCE OF ISABELA

PURCHASE ORDER

Supplier : Gcmed Pharmaceutical Distributor

P.O. No. : 23-12-M0149

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

Date : December 23, 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	pc	500	I.V. Cannula ga.28	48.45	24,225.00
2	pc	2000	I.V. Cannula ga.24	48.75	97,500.00
3	pc	1000	I.V. Cannula ga.18	46.15	46,150.00
4	bot	36	Hydrogen Peroxide, 120ml	45.85	1,650.60
5	pc	100	Oxygen Cannula, Adult	51.95	5,195.00
6	pc	100	Oxygen Cannula, Pedia	51.95	5,195.00
7	pc	100	Oxygen Cannula, Neonate	49.45	4,945.00
8	unit	4	Mayo Table with tray	3,350.00	13,400.00
9	box	12	Disposable Syringe (Insulin) w/ Needle Ga. 29 x 1/2 x 0.5ml x	1,239.75	14,877.00
10	bot	300	Alcohol 70%, 500ml Isoprophyl	128.95	38,685.00
11	box	50	Catgut Chromic 2/0 w/ 35-40mm needle, Cutting	539.85	26,992.50
12	pc	10	Jackson Pratt	2,298.95	22,989.50



Total Amount

Three Hundred One Thousand Eight Hundred Four Pesos & 60/100

Php 301,804.60

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,

RODOLFO T. ALBANO III
Governor

Conforme:

Gcmed Pharmaceutical Distributor
(Signature over printed Name)
12-23-23
(Date)

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: _____