



Republic of the Philippines
PROVINCE OF ISABELA

PURCHASE ORDER

Supplier : Gcmed Pharmaceutical Distributor

P.O. No. : 13-12-M0148

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	bots	10	DF5 Lyse EO-11, 200ml	24,000.00	240,000.00
2	bxs	3	DF5 Diluent/Detergent, 20L	36,300.00	108,900.00
3	bots	7	DF5 Lyse EO-1, 1L	23,300.00	163,100.00
4	bots	4	DF5 Lyse HGB, 500ml	23,500.00	94,000.00
5	bots	4	Deproteinizer	8,799.00	35,196.00
6	bxs	1	TSH FIA x 25's	13,179.00	13,179.00
7	tray	30	Blood Collecting Tube, Lavander Top 3ml x 100's	1,320.00	39,600.00
8	tray	8	Blood Collecting Tube, Yellow Top 4ml x 100's	1,320.00	10,560.00
9	unit	1	Blood Glucose Meter	2,520.00	2,520.00
10	bxs	4	HCG Urine/ Serum	2,018.25	8,073.00
11	bxs	1	Fecal Occult Blood (FOBT), 50's	15,229.45	15,229.45
12	bxs	1	Papanicolaou Stain	6,320.00	6,320.00
13	tray	9	Blood Collecting Tube, Lavander Top EDTA Microtainer 0.5ml x 2	1,320.00	11,880.00



Total Amount Seven Hundred Forty Eight Thousand Five Hundred Fifty Seven Pesos & 45/100 Php **748,557.45**

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: _____