



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. : 23-12-140149
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	box	1	Cholesterol, 70ml x 8's	123,197.00	123,197.00
2	box	1	SGPT/ALT, 70ml x 4's/ 20ml x 3's	124,295.00	124,295.00
3	box	1	Creatinine, 70ml x 4's/ 20ml x 3's	101,500.00	101,500.00
4	box	1	SGOT/AST, 70ml x 4's / 20ml x3's	124,295.00	124,295.00
5	box	1	Urea UV (BUN), 70ml x 4's /30ml x 2's	102,830.00	102,830.00
6	box	1	Uric Acid (BUA), 70ml x 4's / 20ml x 3's	91,530.00	91,530.00
7	box	6	Blood Glucose Strips	2,900.00	17,400.00



Total Amount Six Hundred Eighty Five Thousand Forty Seven Pesos & 00/100 Php **685,047.00**

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,

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: _____