



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**

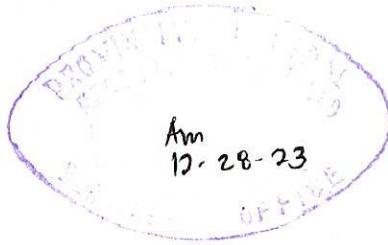
P.O. No. : **23-12-170154**
Date : **December 28, 2023**

Gentlemen:

Please furnish this office the following articles subject to the terms and conditions contained herein:

Place of Delivery : **PGSO - GFNDMH** Delivery Term : _____ Charge _____
Date of Delivery : **Seven (7) days after receipt of P.O.** Payment Term: _____ Check _____

Item No.	Unit	Quantity	Description		Amount
1	pcs	12	Bath Towel	485.00	5,820.00
2	box	50	Gloves Small	628.45	31,422.50
3	box	100	Gloves Medium	628.45	62,845.00
4	box	100	Gloves Large	628.45	62,845.00
5	box	20	ECG Paper 80mm x 20mm	169.58	3,391.60
6	pcs	50	Bouffant Cap	325.00	16,250.00
7	box	500	Face Mask	149.85	74,925.00
8	pcs	180	Lapsponge	130.00	23,400.00
9	roll	200	Cotton 400g	248.95	49,790.00
10	box	100	Needle G19	483.85	48,385.00
11	pcs	100	Autoclave Tape 1"	415.00	41,500.00
12	box	1	TSH	13,179.00	13,179.00
13	box	1	FT3	10,786.00	10,786.00
14	box	1	FT4	10,786.00	10,786.00
15	box	5	Urine Strips 10 Para	600.00	3,000.00
16	bottle	10	AHG	1,437.50	14,375.00



Total Amount **Four Hundred Seventy Two Thousand Seven Hundred Pesos & 10/100** **Php 472,700.10**

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)
12-27-23
(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: _____