



Republic of the Philippines
PROVINCE OF ISABELA

PURCHASE ORDER

Supplier : **Gcmed Pharmaceutical Distributor**

P.O. No. : **24-02 -MO025 A**

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

Date : **February 23, 2024**

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 8s	123,197.00	123,197.00
2	tray	24	Blood Collecting Tube Lavander Top 3ml x 100s	1,320.00	31,680.00
3	box	1	HDL-Direct Cholesterol 50ml x 3s / 17ml x 3s	93,898.00	93,898.00
4	box	2	Urea UV (BUN) 70ml x 4s / 30ml x 2s	102,830.00	205,660.00




Total Amount . . . Four Hundred Fifty Four Thousand Four Hundred Thirty Five Pesos 00/100 Php **454,435.00**

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)
3-01-24

(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: _____