

Certified Correct: _____

			PROVINCE OF ISABEL				
			PURCHASE ORDER				
Supplier : Gcmed Pharmaceutical Distributor						24.03 -	00043
Address : Legend Mansion Condominium, 212 San Juan St., Brgy. 37, 1300 Pasay City N					Date :	March 1	, 2024
Gentleme Ple		h this office	the following articles subject to the terms and	conditions contain	ned herein:		
Place of Delivery : PGSO Delivery Term :				Charge			
Date of De	f Delivery: Seven (7) days after receipt of P.O. Payment Term:		nent Term:	Check			
Item No.	Unit	Quantity	Description			Am	ount
1 2 3	inhaler nebule ampule	36 2020 200	Fluticasone + Salmeterol 250mcg + 25mcg Ipratropium + Salbutamol 500mcg Clindamycin 150mg		391.85 32.35 268.41		14,106.60 65,347.00 53,682.00
Total Amount One Hundred Thirty Three Thousand One Hundred Thirty Five & 60/100 Php 133,135.60							
In case of failure to make the full delivery of percent for every day of delay shall be imposed. Conforme: Gemed Pharmaceutical Distribution (Signature over printed Name 3 - 1424) (Date)			Pharmaceutical Distributor ure over printed Name) 3-14-24	above, a penalty o	RODOLI	FO T. ALBA	ANO III
			pursuant to Section 369 (a) of RA 7160, this polition No.:	portion must be ac	ccomplished).		

Date: __