

9-23

P.A. NO: 2288
DATE: _____
BY: _____



Republic of the Philippines
PROVINCE OF ISABELA

PURCHASE ORDER

Gcmed Pharmaceutical Distributor

P.O. No. : 2024-09-0170(a)

Date : 9-24-24

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

Gentlemen:

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

Place of Delivery : PGSO (Provincial Health Office) Delivery Term : _____ Charge _____
Date of Delivery : Seven (7) days after receipt of P.O. Payment Term: _____ Check _____

Item No.	Unit	Quantity	Description		Amount
1	cycle	1020	Combined Oral Contraceptive (Pills)	50.00	51,000.00
2	piece	48	Etonogestrel Implantation NXT (68mg) Implant	3,000.00	144,000.00



Total Amount **Eight Hundred Thirty Nine Thousand Nine Hundred Twenty Pesos & 00/100** **Php 195,000.00**

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)
11-13-24
(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: _____