

8-5

2268



Republic of the Philippines
PROVINCE OF ISABELA

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

PURCHASE ORDER

Gcmed Pharmaceutical Distributor

P.O. No. : 24-08-D0102-C

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

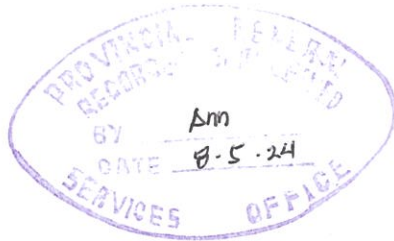
Date : August 5, 2024

Gentlemen:

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

Place of Delivery : <u>PGSO</u>	Delivery Term : _____	Charge _____
Date of Delivery : <u>Seven (7) days after receipt of P.O.</u>	Payment Term: _____	Check _____

Item No.	Unit	Quantity	Description		Amount
1	ampule	1000	Serum Anti-Tetanus 1500IU/0.7ml Solution for Injection	99.34	99,340.00
2	ampule	300	Serum Anti-Tetanus 3000IU/0.95ml Solution for Injection	512.28	153,684.00




GENERAL FUND

Total Amount	Two Hundred Fifty Three Thousand Twenty Four Pesos & 00/100	Php 253,024.00
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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.

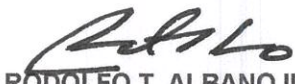
Very truly yours,

Conforme:



 Gcmed Pharmaceutical Distributor
 (Signature over printed Name)

 10-08-24
 (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: _____