



Republic of the Philippines
PROVINCE OF ISABELA

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

PURCHASE ORDER

Gomed Pharmaceutical Distributor

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

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

Date : August 5, 2024

Items:

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	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**

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:

[Signature]
Gomed Pharmaceutical Distributor
(Signature over printed Name)
10-08-24
(Date)

[Signature]
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: _____