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## Republic of the Philippines PROVINCE OF ISABELA

**PURCHASE ORDER** 

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BY.	And the Control of th

er : Gcmed Pharmaceutical Distributor

P.O. No. : 24.08 - 40092 C

ddress : Legend Mansion Condominium, 212 San Juan St., Brgy. 37, 1300 Pasay City No.

Date

: August 19, 2024

	Gentlemen:	the following exticles subject to the terms and conditions contained herein:	
	Please turnish this office	the following articles subject to the terms and conditions contained herein:	-
_		B. C. T.	

**Delivery Term:** 

Charge

Place of Delivery: PGSO

**Payment Term:** 

Check

Date of Delivery: Seven (7) days after receipt of P.O. Payment Term:		Cneck			
Item No.	Unit	Quantity	Description		Amount
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24	pc pc pc roll roll pc bot box roll roll pc	50 10 5 24 48 36 40 100 24 30 12 6 60 100 72 72 36 3 3 3 3	Blood Transfusion Set BP Cuff, Adult with Inflation Bag, Control Valve and Rubber BP Cuff, Pedia with Inflation Bag, Control Valve and Rubber Elastic Bandage 3" x 5 yards Elastic Bandage 4" x 5 yards Elastic Bandage 6" x 5 yards Foley Bag Catheter Fr.18 Heplock-In-Stopper Hydrogen Peroxide 120ml Hypo-Allergenic Tape 1" x 12s Zinc Oxide Adhesive Tape 1" Zinc Oxide Adhesive Tape 4" Scrub Brush w/ 10% Povidone Iodine Spinal Needle ga.25 Suction Poole Drain Urine Bag with Connecting Tube 2 liters Polyglactin Absorbable Suture 1/0 w/ 35-40mm Needle, Polyglactin Absorbable Suture 0 w/ 35-40mm Needle, Polyglactin Absorbable Suture 0 w/ 35-40mm Needle, Round Intubating Stylet Fr.6 Intubating Stylet Fr.10 Intubating Stylet Fr.112 Intubating Stylet Fr.14 Disposable Syringe (Insulin) w/ Needle GA.29 x 1/2 x 0.5ml x 100s	73.90 898.90 898.90 49.85 55.30 89.70 69.80 23.80 45.80 1,238.90 498.70 995.00 102.45 157.90 433.90 55.40 993.70 993.70 993.70 599.95 559.95 499.95	3,695.00 8,989.00 4,494.50 1,196.40 2,654.40 3,229.20 2,792.00 2,380.00 1,099.20 37,167.00 5,984.40 5,970.00 6,147.00 15,790.00 26,034.00 71,546.40 71,546.40 71,546.40 35,773.20 1,799.85 1,679.85 1,679.85 24,794.00
		-			

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,

Three Hundred Forty Three Thousand Four Hundred Eighty One Pesos & 50/100 | Php

Conforme:

**Total Amount** 

Gcmed Pharmaceutical Distributor (Signature over printed Name)

10-08-24

(Date)

RODOLFO T. ALBANO III Governor

343,481.50

n case of negotiated purchase pursuant to Section 369 (a) of RA 7160, this portion must be accom-	nplished).
Approved per Sanggunian Resolution No.:	

Certified Correct:

Date: \_\_\_