

8-21

NO: 2240



Republic of the Philippines
PROVINCE OF ISABELA

PURCHASE ORDER

Gcmed Pharmaceutical Distributor

P.O. No. : 24-09 - 00123

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

Date : September 11, 2024

Items:

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

| | | |
|--|-----------------------|--------------|
| Place of Delivery : <u>PGSO (Cauayan District Hospital)</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 | piece | 150 | Enoxaparin 100mg/ml, 0.4ml solution for injection prefilled syringe | 397.90 | 59,685.00 |
| 2 | ampule | 200 | Norepinephrine 1mg/ml, 4ml solution for injection | 399.83 | 79,966.00 |



512 51

| | | |
|---------------------|--|-----------------------|
| Total Amount | One Hundred Thirty Nine Thousand Six Hundred Fifty One Pesos & 00/100 | Php 139,651.00 |
|---------------------|--|-----------------------|

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:

Chen
 Gcmed Pharmaceutical Distributor
 (Signature over printed Name)
11-02-24
 (Date)

Rodolfo T. Albano III
 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: _____