



Republic of the Philippines
PROVINCE OF ISABELA

P.A. NO: 2282
DATE: _____
BY: _____

PURCHASE ORDER

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

P.O. No. : 24-09-D0125
Date : September 12, 2024

Gentlemen:

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

Place of Delivery : PGSO (Cauayan District Hospital) Delivery Term : _____ Charge _____
Date of Delivery : Seven (7) days after receipt of P.O. Payment Term: _____ Check _____

Item No.	Unit	Quantity	Description		Amount
1	bottle	1140	IV Fluids, Sodium Chloride 0.9%, 1L solution for injection bottle (Plain NSS)	84.83	96,706.20
2	bottle	1080	IV Fluids, Dextrose + Lactated Ringer's 5%, 1L solution for injection bottle	84.83	91,616.40



Total Amount One Hundred Eighty Eight Thousand Three Hundred Twenty Two Pesos & 00/100 Phip **168,322.60**

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)
11-08-24
(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: _____