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P.A. NO: 2291



Republic of the Philippines
PROVINCE OF ISABELA

DATE: _____
BY: _____

PURCHASE ORDER

Supplier: **Gcmed Pharmaceutical Distributor**

P.O. No. : 24-09 .D0132

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

Date : **September 13, 2024**

Gentlemen:

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	bottle	240	D5LR 1L	84.83	20,359.20
2	bottle	360	PLR 1L	71.33	25,678.80
3	bottle	240	PNSS 1L	84.83	20,359.20



Total Amount	Sixty Six Thousand Three Hundred Ninety Seven Pesos & 20/100	Php 66,397.20
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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,

RODOLFO T. ALBANO III
 Governor

Conforme: _____
 Gcmed Pharmaceutical Distributor
 (Signature over printed Name)

 11-08-24
 (Date)

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: _____