

9-20

PA NO: 2235



Republic of the Philippines
PROVINCE OF ISABELA

DATE: _____
BY: _____

PURCHASE ORDER

Gcmed Pharmaceutical Distributor

P.O. No. : 24-09 - 00146

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

Date : September 20, 2024

Items:

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

Mode of Delivery : <u>PGSO (GFNDMH)</u>	Delivery Term : _____	Charge _____
Mode of Delivery : <u>Seven (7) days after receipt of P.O.</u>	Payment Term: _____	Check _____

Item No.	Unit	Quantity	Description		Amount
1	vial	528	Vaccine, Ver Cell (Purified) 2.5iu/0.5ml vial + diluent	1,679.84	886,955.52



FOR SI

Total Amount	Eight Hundred Eighty Six Thousand Nine Hundred Fifty Five Pesos & 00/100	Php 886,955.52
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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: _____