

2327



Republic of the Philippines
PROVINCE OF ISABELA

PURCHASE ORDER

PA NO. _____
DATE: _____
BY: _____

Gcmed Pharmaceutical Distributor

P.O. No. : 24-09 - D0147
Date : September 23, 2024

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

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

Place of Delivery : PGSO (Echague 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	vial	400	Vaccine, Vero Cell (Purified) 2.5IU/0.5ml vial + diluent	1,679.84	671,936.00



Total Amount Six Hundred Seventy One Thousand Nine Hundred Thirty Six Pesos & 00/100 Php / 671,936.00

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,

RODOLFO T. ALBANO III
Governor

Conforme:
Gcmed Pharmaceutical Distributor
(Signature over printed Name)
11-13-24
(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: _____