

P.A. NO: 2323

DATE: _____
BY: _____



Republic of the Philippines
PROVINCE OF ISABELA

PURCHASE ORDER

Gmed Pharmaceutical Distributor

P.O. No. : 24-09-00151

Date : September 23, 2024

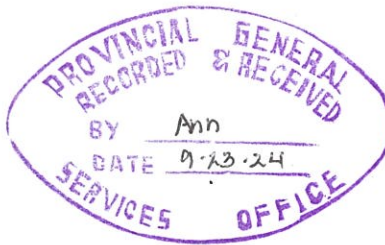
Address : Legend Mansion Condominium, 212 San Juan St., Brgy. 37, 1300 Pasay City N

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	2400	PNSS 1L	84.83	203,592.00
2	bottle	480	PLRS 1L	71.33	34,238.40
3	bottle	720	D5LRS 1L	84.83	61,077.60



GENERAL FUND

Total Amount Two Hundred Ninety Eight Thousand Nine Hundred Eight Pesos & 00/100 **Php** 298,908.00

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:

Gmed 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: _____