

Oct 3

P.A. NO: 2328
DATE: _____
BY: _____



Republic of the Philippines
PROVINCE OF ISABELA

PURCHASE ORDER

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

P.O. No. : 24-10 - 00155
Date : October 3, 2024

Gentlemen:

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

Place of Delivery : PGSO (San Mariano Community 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	360	D.3 NaCL 1L	94.72	34,099.20
2	bottle	600	PLR 1L	71.33	42,798.00
3	bottle	600	PNSS 1L	84.83	50,898.00



Total Amount **One Hundred Twenty Seven Thousand Seven Hundred Ninety Five & 20/100** **Php 127,795.20**

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)
12-04-24
(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: _____