

10-4



Republic of the Philippines
PROVINCE OF ISABELA

P.A. NO. 2331
DATE: _____
BY: _____

PURCHASE ORDER

Gcmed Pharmaceutical Distributor

P.O. No. : 24-10-D0156-A

Date : October 4, 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 : <u>PGSO (Echague District Hospital)</u>	Delivery Term : _____	Charge _____
Date of Delivery : <u>Seven (7) days after receipt of P.O.</u>	Payment Term: _____	Check _____

Item No.	Unit	Quantity	Description		Amount
1	vial	210	Vaccine, Vero Cell (purified) 2.5iu/0.5ml vial+diluent	1,679.84	352,766.40
2	ampule	80	Diphenhydramine 50mg/ml, 1ml solution for injection amp	96.83	7,746.40
3	vial	40	Sodium Chloride, 0.9% 50ml vial	44.83	1,793.20
4	ampule	90	Tramadol 50mg/ml, 1ml solution for injection ampule	40.83	3,674.70



Total Amount	Three Hundred Sixty Five Thousand Nine Hundred Eighty Pesos & 70/100	Php 365,980.70
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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,

Conforme:

CM
Gcmed Pharmaceutical Distributor
(Signature over printed Name)
12-04-24
(Date)

Rodolfo T. Albano III
RODOLFO T. ALBANO III
Governor

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: _____