



Republic of the Philippines
PROVINCE OF ISABELA

P.A. NO: 2887
DATE: _____
BY: _____

PURCHASE ORDER

Gcmed Pharmaceutical Distributor

P.O. No. : 24-12-00200
Date : December 23, 2024

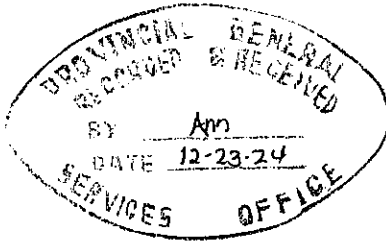
Address : Legend Mansion Condominium, 212 San Juan St., Brgy. 37, 1300 Pasay City NCR,

Attention:

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	vial	585	Vaccine, Verocell (purified) 2.5iu/0.5ml + diluent	1,679.84	982,706.40



Total Amount Nine Hundred Eighty Two Thousand Seven Hundred Six Pesos & 40/100 Php 982,706.40

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:

[Signature]
Gcmed Pharmaceutical Distributor
(Signature over printed Name)
12-23-24
(Date)

[Signature]
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: _____