



Republic of the Philippines
PROVINCE OF ISABELA

PA NO: 3094

DATE: _____

BY: _____

PURCHASE ORDER

Supplier : Gcmed Pharmaceutical Distributor

P.O. No. : 24-12 - M0171 A

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

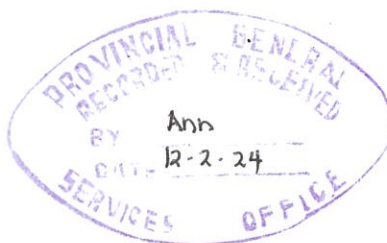
Date : December 2, 2024

Gentlemen:

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

Place of Delivery : PGSO (Manuel A. Roxas 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	piece	20	Endotracheal Tube w/ Cuff, ID # 2.5	389.83	7,796.60
2	piece	20	Endotracheal Tube w/ Cuff, ID # 3.5	389.83	7,796.60
3	piece	20	Endotracheal Tube w/ Cuff, ID # 4.5	389.83	7,796.60
4	piece	20	Endotracheal Tube w/ Cuff, ID # 5.0	389.83	7,796.60
5	bottle	150	Alcohol 70% 500ml Isoprophyl	128.88	19,332.00
6	roll	1	Rubber Sheets 36" x 25yards	16,997.88	16,997.88
7	box	2	Surgical Blade #11 x 100s	492.88	985.76
8	roll	24	Elastic Bandage 3" x 5yards	49.83	1,195.92
9	box	20	Catgut Chromic 2/0 w/ 35-40mm Needle, Round	539.78	10,795.60



Total Amount Eighty Thousand Four Hundred Ninety Three Pesos & 56/100 Php / 80,493.56

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:

Gcmed Pharmaceutical Distributor
(Signature over printed Name)
12-26-24
(Date)

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: _____