

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

## Republic of the Philippines PROVINCE OF ISABELA

## **PURCHASE ORDER**

P.A. NO:\_\_

		_	-
	Sale Control	MOUNTH BART	7
0	No		

24-12-40202

Date

: Decombor 12: 2024

Amount

Ge	ent	er	n	er	1:

Item No.

Unit

Quantity

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

ricase idiriis	Flease fulfillish this office the following articles subject to the terms and contained to the terms			
Place of Delivery:	PGSO (Milagros Albano District Hospital)	Delivery Term :	Charge	
	Seven (7) days after receipt of P.O.	Payment Term:	Check	

Description

Dutch Trol N, 5ml x 10's (Control-Normal)  45,000.00  45,000.00  45,000.00			<del> </del>	Ninety Thousand Pesos & 00/100		Php / 90,000.00
Dutch Trol N, 5ml x 10's (Control-Normal)  45,000.00  45,000.00						9,642.86
Dutch Trol N, 5ml x 10's (Control-Normal)  45,000.00  45,000.00						
Dutch Trol N, 5ml x 10's (Control-Normal)  45,000.00  45,000.00					q	
Dutch Trol N, 5ml x 10's (Control-Normal)  45,000.00  45,000.00				TOES .		
2 box 1 Dutch Trol N, 5ml x 10's (Control-Normal) 45,000.00 45,000.00				12-12-24		
box 1 Dutch Trol N, 5ml x 10's (Control-Normal) 45,000.00 45,000.00				Ann		
box 1 Dutch Trol N, 5ml x 10's (Control-Normal) 45,000.00 45,000.00				SAN BENED		
box 1 Dutch Trol N, 5ml x 10's (Control-Normal) 45,000.00 45,000.00						
box 1 Dutch Trol N, 5ml x 10's (Control-Normal) 45,000.00 45,000.00						
				, , , , , , , , , , , , , , , , , , ,		
I FEEF SE LE LE SE SE LE LE SE SE LE LE SE SE LE LE SE SE SE LE LE LE SE SE SE LE	1 2	box	1 1	Dutch Trol P, 5ml x 10's (Control-Pathologic) Dutch Trol N, 5ml x 10's (Control-Normal)	45,000.00 45,000.00	45,000.00 45,000.00

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,

Conforme:

Gcmed Pharmaceutical Distributor (Signature over printed Name) 12-13-21

(Date)

Governor

In case of negotiated purchase pursuant to Section 369 (a) of RA 7160, this portion must be accomplished). Approved per Sanggunian Resolution No.: