



Republic of the Philippines
PROVINCE OF ISABELA

P.A. NO: 2875
DATE: _____
BY: _____

PURCHASE ORDER

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

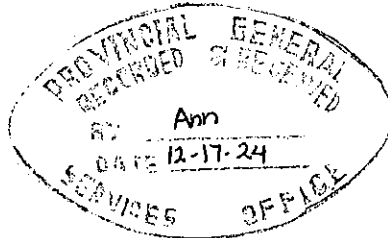
P.O. No. : 24-12-14021L
Date : December 17, 2024

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	piece	1000	IV Cannula ga.24	48.68	48,680.00
2	piece	1000	IV Cannula ga.22	46.08	46,080.00
3	piece	1000	IV Cannula ga.26	48.38	48,380.00
4	piece	10	Mattress Cover Leatherette 34x76x4 w/ side zipper	1,947.88	19,478.80
5	piece	300	Oxygen Cannula Adult	51.88	15,564.00
6	piece	50	Oxygen Face Mask Adult	101.88	5,094.00
7	box	2	Razor Blade x 100s Green	2,399.78	4,799.56
8	dozen	15	Silk Suture 2/0 w/ 35-40m Needle, Cutting	598.88	8,983.20
9	dozen	15	Silk Suture 3/0 w/ 35-40m Needle, Cutting	598.88	8,983.20
10	box	10	Silk Suture 4/0 w/ 35-40m Needle, Cutting	598.88	5,988.80
11	piece	50	Solu Set 120ml	221.88	11,094.00
12	box	30	Surgical Gloves 6.5x50s	1,698.88	50,966.40
13	box	20	Surgical Gauze Rolled 28x24x100	1,577.88	31,557.60
				305,649.56 32,748.17 272,901.39	



Total Amount Three Hundred Five Thousand Six Hundred Forty Nine Pesos & 56/100 **Php** 305,649.56

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)
12-17-24
(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: _____