Republic of the Philippines
PROVINCE OF ISABELA

PURCHASE ORDER

P.A. NO: 2557
DATE:
BY:

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

P.O. No. : 24-10 · M0108A
Date : October 31, 2024

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

Place of Delivery : *PGSO (Milagros Albano 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	bottle	5	A1 Flush (Alkaflush)	29,848.00	149,240.00
2	box	5	RPR/Syphilis	180.00	900.00
3	bottle	3	Detergent H 1000ml	26,999.00	80,997.00
4	set	1	Hematology Control Reagent	38,500.00	38,500.00
5	set	1	Control level N & P (Electrolytes)	28,392.00	28,392.00
6	set	1	Dutch Cal M, 3ml x 6s (Multicalibrator)	30,899.00	30,899.00
7	set	1	Dutch Tol N 5ml x 10s	45,000.00	45,000.00
8	set	1	Dutch Tol P 5ml x 10s (Control-Pathologic)	45,000.00	45,000.00
9	box	1	HIV Test Kit	10,735.00	10,735.00
10	piece	1000	Disposable Plastic Pipette 3ml	12.00	12,000.00
11	box	50	Blood Glucose Strips/Electrodes (RBS)	2,900.00	145,000.00
12	box	30	Urine Strips x 100s 4 parameters	653.25	19,597.50
13	box	20	Blood Lancet (Feather) x 200s	3,200.00	64,000.00

PROVINCIAL GENERAL SERVICES OFFICE
RECORDED & RECEIVED
BY Ann
DATE 10·31·24

Total Amount	***Six Hundred Seventy Thousand Two Hundred Sixty Pesos & 50/100***	**Php**	**670,260.50**

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,

RODOLFO T. ALBANO III
Governor

Conforme:

Gcmed Pharmaceutical Distributor
(Signature over printed Name)

11-15-24
(Date)

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: _____