



Republic of the Philippines
PROVINCE OF ISABELA

PA. NO: 712
DATE: _____
BY: _____

PURCHASE ORDER

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

P.O. No. : 24-02-H0029M
Date : April 18, 2024

Gentlemen:

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

Place of Delivery : PGSO 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 | Asepto Syringe w/ Bulb | 79.80 | 1,596.00 |
| 2 | box | 20 | Disposable Syringe (Insulin) w/ Needle Ga. 29 x 1/2 x 0.5ml x | 1,239.70 | 24,794.00 |
| 3 | box | 24 | Disposable Syringe w/ Needle 10ml x 100s | 568.18 | 13,636.32 |
| 4 | roll | 36 | Elastic Bandage 3" x 5 yards | 49.85 | 1,794.60 |
| 5 | roll | 36 | Elastic Bandage 4" x 5 yards | 55.30 | 1,990.80 |
| 6 | roll | 36 | Elastic Bandage 6" x 5 yards | 89.70 | 3,229.20 |
| 7 | box | 24 | Hypo Allergenic Tape 1" x 12s | 1,238.90 | 29,733.60 |
| 8 | piece | 1000 | IV Cannula Ga. 24 | 48.70 | 48,700.00 |
| 9 | piece | 400 | IV Cannula Ga. 26 | 48.40 | 19,360.00 |
| 10 | roll | 24 | Plaster of Paris, 6" x 5 yardss | 278.90 | 6,693.60 |
| 11 | piece | 20 | Suction Catheter Fr. 12 | 14.90 | 298.00 |
| 12 | piece | 72 | Polyglactin Absorbable Suture 3/0 w/ 35-40mm Needle, | 993.70 | 71,546.40 |
| 13 | roll | 24 | Wadding Sheet 6" | 99.65 | 2,391.60 |
| 14 | box | 11 | Catgut Chromic 1 w/ 35-40mm, Round | 539.80 | 5,937.80 |
| 15 | piece | 150 | Alcohol 70%, 500ml Isoprophyl | 128.90 | 19,335.00 |
| Total Amount | | | Two Hundred Fifty One Thousand Thirty Six Pesos & 92/100 | Php | 251,036.92 |



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)
09-02-24
(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: _____