



Republic of the Philippines
PROVINCE OF ISABELA

P.A. NO: 1711
DATE: _____
BY: _____

PURCHASE ORDER

Gcmed Pharmaceutical Distributor

P.O. No. : 24-03-M0029A

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

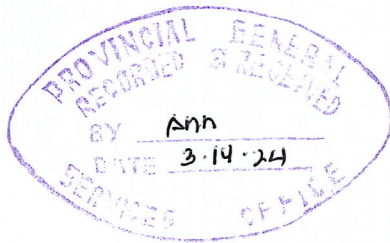
Date : March 14, 2024

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	pack	1	Dil-A, 20 liters	29,750.00	29,750.00
2	tray	10	Blood Collecting Tube Lavander Top EDTA Microtainer 0.5ml x	1,320.00	13,200.00
3	tray	10	Blood Collecting Tube Lavander Top 3ml x 100s	1,320.00	13,200.00
4	tray	10	Blood Collecting Tube Red Top 5ml x 100s	1,320.00	13,200.00
5	tray	10	Blood Collecting Tube Yellow Top 4ml x 100s	1,320.00	13,200.00
6	box	15	Glass Slides, Clear x 72s	90.00	1,350.00
7	box	1	RPR/Syphilis	5,083.00	5,083.00
8	box	2	Salmonella Typhidot (Detection Reagents)	13,360.00	26,720.00
9	piece	1000	Urine Container Plastic w/ Cover	14.28	14,280.00
10	box	1	Activated Partial Thromboplastin Time Reagent Kit	14,850.00	14,850.00
11	box	1	Prothrombin Time Reagent Kit	16,320.00	16,320.00
12	box	1	D-Dimer FIA x 25s	14,695.00	14,695.00
13	box	1	PCT FIA x 25s	26,345.00	26,345.00
14	box	1	Ferritin FIA x 25s	13,820.00	13,820.00
15	box	5	Urine Strips 10 Parameters	2,850.00	14,250.00
16	tray	18	Blood Collecting Tube Lavander Top 2ml x 100s	1,320.00	23,760.00
17	box	10	Blood Glucose Strips	2,900.00	29,000.00
18	set	1	BC5D Hematology Control	38,500.00	38,500.00
19	pack	2	GA Sample Cups x 500s	14,259.00	28,518.00
20	unit	3	Halogen Lamp for GA 200 Chemistry Machine	28,635.00	85,905.00



Total Amount Four Hundred Thirty Five Thousand Nine Hundred Forty Six Pesos & 00/100 Php **435,946.00**

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,

RODOLFO T. ALBANO III
Governor

Conforme:
Gcmed Pharmaceutical Distributor
(Signature over printed Name)
4-22-24
(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: _____