



PURCHASE ORDER

Supplier : Gcmed Pharmaceutical Distributor

P.O. No. : 24-03-40034B

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

Date : March 10, 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	4	Dil-A 20 liters	29,750.00	119,000.00
2	box	1	HGC Pregnancy Test x 50s	1,160.00	1,160.00



Total Amount

One Hundred Twenty Thousand One Hundred Sixty Pesos & 00/100

Php 120,160.00

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)
4.8.24
(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: _____