



Republic of the Philippines
PROVINCE OF ISABELA

PURCHASE ORDER

Supplier : **Gcmed Pharmaceutical Distributor**

P.O. No. : 24-03 -1100340

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

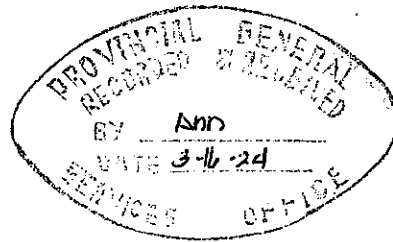
Date : March 16, 2024

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	box	1	Albumin	41,320.00	41,320.00
2	box	10	Glass Slide, Clear x 72s	90.00	900.00
3	set	1	Gram Stain w/ Buffer, 500ml	9,500.00	9,500.00
4	box	2	RPR/Syphilis	5,083.00	10,166.00
5	piece	500	Urine Container Plastic w/ Cover	14.28	7,140.00
6	box	10	Urine Strips x 100s, 4 Parameters	653.25	6,532.50
7	box	3	Blood Lancet (Feather) x 200s	3,200.00	9,600.00
8	box	1	Papaniculao Stain	5,500.00	5,500.00
9	box	1	TSH FIA x 25s	13,179.00	13,179.00
10	set	1	Control Level N & P	28,392.00	28,392.00
11	box	6	Blood Glucose Strips	2,900.00	17,400.00
12	bottle	5	Blood Typing Sera Anti-D, 10ml	1,667.50	8,337.50
13	box	6	Blood Glucose Strips	2,900.00	17,400.00
14	box	4	Blood Glucose Strips	2,900.00	11,600.00
15	tray	3	Blood Collecting Tube Red Top 5ml x 100s	1,320.00	3,960.00
16	box	1	Creatinine, 65ml x 6s / 13ml - 1500 tests	101,500.00	101,500.00
17	box	1	SGPT/ALT, 65ml x 6s / 13ml - 1500 tests	207,158.00	207,158.00



Total Amount Four Hundred Ninety Nine Thousand Five Hundred Eighty Five Pesos & 00/100 Php **499,585.00**

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,

Conforme:

[Signature]
Gcmed Pharmaceutical Distributor
(Signature over printed Name)
4-22-24
(Date)

[Signature]
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: _____