

P.A. NO: 699
 DATE: _____
 BY: _____



Republic of the Philippines
 PROVINCE OF ISABELA

PURCHASE ORDER

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

P.O. No. : 24-04 - 00057
 Date : April 30, 2025

Gentlemen:

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

Place of Delivery : PGSO Cot Delivery Term : _____ Charge _____
 Date of Delivery : Seven (7) days after receipt of P.O. Payment Term: _____ Check _____

Item No.	Unit	Quantity	Description		Amount
1	vial	480	Vero Cell	1,679.84	806,323.20



Total Amount Eight Hundred Six Thousand Three Hundred Twenty Three Pesos & 20/100 **Php** 806,323.20

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]
 Gomed Pharmaceutical Distributor
 (Signature over printed Name)
5-17-24
 (Date)

[Signature]
RODOLFO T. ALBANO III
 Governor *[Signature]*

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: _____