P.A. NO: 469
DATE:
BY:

Republic of the Philippines
PROVINCE OF ISABELA

PURCHASE ORDER

Gcmed Pharmaceutical Distributor | **P.O. No.** : 24-04-M00388
...s : Legend Mansion Condominium, 212 San Juan St., Brgy. 37, 1300 Pasay City Ne | **Date** : April 15, 2024

...ntlemen:

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

Place of Delivery :	***PGSO*** Gandy	**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	Uric Acid (BUA) 65ml x 6s - 1300 tests	131,445.00	131,445.00
2	pack	3	Dil-A 20 liters	29,750.00	89,250.00
3	set	1	Control Level N&P	28,392.00	28,392.00
4	tray	72	Blood Collecting Tube Lavander Top 2ml x 100s	1,320.00	95,040.00
5	box	12	Blood Glucose Strips	2,900.00	34,800.00
6	box	3	FT4 FIA x 25s	12,950.00	38,850.00
7	pack	2	GA Sample Cups x 500s	14,259.00	28,518.00
8	pack	6	HBAIC FIA x 25s	10,780.00	64,680.00
9	box	1	HCG (U/S) Urine Serum	2,018.25	2,018.25
10	box	8	RPR/Syphilis	5,083.00	40,664.00
11	box	10	HbSAG x 30s	2,472.50	24,725.00
12	box	3	Troponin I (Ctnl) FIA x 25s	19,180.00	57,540.00
13	box	3	TSH FIA x 25s	13,179.00	39,537.00
14	pack	4	Dil-A 20 liters	29,750.00	119,000.00
15	bottle	2	LYA-1 Lyse, 200ml	21,100.00	42,200.00
16	bottle	4	LYA-3 Lyse, 1000ml	24,000.00	96,000.00
17	box	1	Solution Pack (ISEPack)	38,250.00	38,250.00
18	bottle	3	Deproteinizer	8,700.00	26,100.00

PROVINCIAL GENERAL SERVICES OFFICE
4-15-24

Total Amount	***Nine Hundred Ninety Seven Thousand Nine Pesos & 25/100***	**Php**	**997,009.25**

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)

09-12-24
(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: _____