



Republic of the Philippines
PROVINCE OF ISABELA

PURCHASE ORDER

PA NO: 670
DATE: _____
BY: _____

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

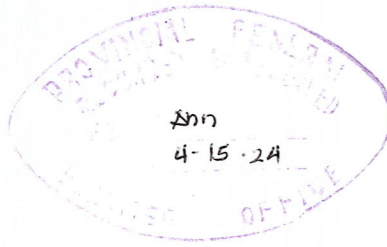
P.O. No. : 24-04-10030B
Date : April 15, 2024

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	tray	50	Blood Collecting Tube Yellow Top 4ml x 100s	1,320.00	66,000.00
2	box	20	Blood Glucose Strips	2,900.00	58,000.00
3	box	2	CRP FIA x 25s	12,604.00	25,208.00
4	box	2	FT3 FIA x 25s	12,950.00	25,900.00
5	box	4	FT4 FIA x 25s	12,950.00	51,800.00
6	pack	10	HBAIC FIA x 25s	10,780.00	107,800.00
7	box	2	Salmonella Typhidot (Detection Reagents)	13,360.00	26,720.00
8	box	4	TROP I/CKMB MYO (3 in 1) FIA x 25s	34,320.00	137,280.00
9	box	4	TSH FIA x 25s	13,179.00	52,716.00
10	box	2	HCV Kit x 25s	13,295.00	26,590.00
11	box	1	HDL - Direct (Cholesterol) 60ml x 4s / 20ml x 4s - 1000 tests	170,724.00	170,724.00
12	box	1	Cholesterol 65ml x 6s - 1300 tests	123,197.00	123,197.00
13	box	1	Glucose 65ml x 6s - 1300 tests	111,220.00	111,220.00



Total Amount Nine Hundred Eighty Three Thousand One Hundred Fifty Five Pesos & 00/100 Php **983,155.00**

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:

Gcmed Pharmaceutical Distributor
(Signature over printed Name)
08-29-24
(Date)

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: _____