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Republic of the Philippines
PROVINCE OF ISABELA

P.A. NO:
DATE:
BY:

PURCHASE ORDER

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

P.O. No. : 24-04-400388
Date : April 15, 2024

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

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

Item No.	Unit	Quantity	Description		Amount
1	bottle	6	A1 Flush (Alkaflush) 1000ml	29,848.00	179,088.00
2	box	1	Albumin	41,320.00	41,320.00
3	box	30	Blood Glucose Strips	2,900.00	87,000.00
4	bottle	4	Detergent H 1000ml	26,999.00	107,996.00
5	box	2	FT4 FIA x 25s	12,950.00	25,900.00
6	pack	2	GA Sample Cups x 500s	14,259.00	28,518.00
7	boc	50	Glass Slides, Clear x 72s	90.00	4,500.00
8	pack	5	HBAIC FIA x 25s	10,780.00	53,900.00
9	box	5	HCG Pregnancy Test x 50s	1,160.00	5,800.00
10	box	5	HCG (U/S) Urine Serum	2,018.25	10,091.25
11	box	5	RPR/Syphislis	5,083.00	25,415.00
12	box	30	HbSAG x 30s	2,472.50	74,175.00
13	box	2	Troponin I (Ctnl) FIA x 25s	19,180.00	38,360.00
14	box	2	TSH FIA x 25s	13,179.00	26,358.00
15	box	50	Urine Strips x 100s, 4 Parameters	653.25	32,662.50
16	bottle	120	OGTT 75g	415.00	49,800.00
17	box	2	Activated Partial Thromboplastin Time Reagent Kit	14,850.00	29,700.00
18	box	2	Prothrombin Time Reagent Kit	16,320.00	32,640.00
19	box	3	Multisample Needle G21	2,165.00	6,495.00
20	box	1	Multisample Needle G23	2,165.00	2,165.00
21	box	1	Clinchem 2 x 9s	48,500.00	48,500.00
22	piece	100	Torniquet	16.50	1,650.00
23	bottle	5	Blood Typing Sera Anti-A, 10ml	1,883.00	9,415.00
24	bottle	5	Blood Typing Sera Anti-B, 10ml	1,830.00	9,150.00
25	box	4	Fecal Occult Blood (FOBT) 50s	15,229.45	60,917.80

PROVINCIAL TREASURER'S OFFICE
Ann
4-15-24

Total Amount	***Nine Hundred Ninety One Thousand Five Hundred Sixteen Pesos & 65/100***	**Php**	**991,516.55**

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)

08-29-24
(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: _____