



Republic of the Philippines
PROVINCE OF ISABELA

P.A. NO: 674
DATE: _____
BY: _____

PURCHASE ORDER

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

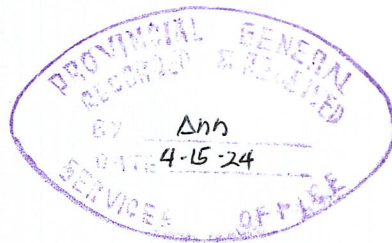
P.O. No. : 2404 - 40030F
Date : April 15, 2024

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	box	7	Solution Pack (ISEPack)	38,250.00	267,750.00
2	tray	50	Blood Collecting Tube Lavander Top 2ml x 100s	1,320.00	66,000.00
3	tray	50	Blood Collecting Tube Yellow Top 4ml x 100s	1,320.00	66,000.00
4	bottle	5	Blood Typing Sera Anti-D 10ml	1,667.50	8,337.50
5	pack	10	HBAIC FIA x 25s	10,780.00	107,800.00
6	piece	400	Test Tube Plain 10ml	60.00	24,000.00
7	piu	200	Test Tube Plain 10ml	60.00	12,000.00
8	box	4	Multisample Needle 23G	2,165.00	8,660.00
9	box	12	Multisample Needle 21G	2,165.00	25,980.00
10	bottle	72	OGTT 75g	415.00	29,880.00
11	box	1	Cholesterol, 65ml x 6s - 1300 tests	123,197.00	123,197.00
12	box	1	SGPT/ALT, 65ml x 6s - 1300 tests	207,158.00	207,158.00



Total Amount Nine Hundred Forty Six Thousand Seven Hundred Sixty Two Pesos & 50/100 **Php** 946,762.50

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:

Chita
Gcmed Pharmaceutical Distributor
(Signature over printed Name)
09-12-24
(Date)

Rodolfo T. Albano III
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: _____