



Republic of the Philippines
PROVINCE OF ISABELA

PURCHASE ORDER

Supplier: **Gcmed Pharmaceutical Distributor**

P.O. No. : **24-04-MD0304**

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

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	piece	2	Peak Flow Adult	1,985.00	3,970.00
2	piece	5	Peak Flow Pedia	1,985.00	9,925.00
3	box	100	Sterile Hypodermic Needle x 100s	480.00	48,000.00
4	piece	300	Blood Transfusion Set	73.90	22,170.00
5	piece	300	Foley Bag Catheter Fr.16	69.80	20,940.00
6	piece	300	Foley Bag Catheter Fr.18	69.80	20,940.00
7	piece	1000	Heplock-In-Stopper	23.80	23,800.00
8	piece	400	Nebulizer Kit w/ Tubing and Mouth Piece	109.90	43,960.00
9	piece	1500	Oxygen Cannula Adult	51.90	77,850.00
10	piece	100	Oxygen Cannula Pedia	51.90	5,190.00
11	piece	100	Oxygen Cface Mask Adult	101.90	10,190.00
12	piece	100	Oxygen Cface Mask Pedia	101.90	10,190.00
13	piece	500	Solu-Set 120ml	221.90	110,950.00
14	piece	100	Spinal Needle ga.25	157.90	15,790.00
15	piece	50	Suction Catheter Fr.12	14.90	745.00
16	piece	50	Suction Catheter Fr.14	14.90	745.00
17	piece	100	Suction Catheter Fr.16	14.90	1,490.00
Total Amount					Php 426,845.00



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,

RODOLFO T. ALBANO III
 Governor

Conforme: _____
 Gcmed Pharmaceutical Distributor
 (Signature over printed Name)
 08-28-24
 (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: _____