



Republic of the Philippines
PROVINCE OF ISABELA

PURCHASE ORDER

PA. NO: 697
DATE: _____
BY: _____

Gcmed Pharmaceutical Distributor

P.O. No. : 24-04-M0039E

Date : April 18, 2024

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

Gentlemen:

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

Place of Delivery : PGSO GAH 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	Troponin I (Ctrl) FIA x 25s	19,180.00	19,180.00
2	box	5	Solution Pack (ISEPack)	38,250.00	191,250.00
3	bottle	3	A1 Flush (Alkaflush)	29,848.00	89,544.00
4	box	15	Blood Glucose Strips	2,900.00	43,500.00
5	pack	2	GA Sample Cups x 500s	14,259.00	28,518.00
6	box	1	Urine Strips x 100s, 4 Parameters	653.25	653.25
7	tray	5	Blood Collecting Tube Lavander Top 2ml x 100s	1,320.00	6,600.00
8	tray	5	Blood Collecting Tube Yellow Top 4ml x 100s	1,320.00	6,600.00
9	box	20	Blood Glucose Strips	2,900.00	58,000.00
10	box	10	Glass Slides, Clear x 72s	90.00	900.00
11	box	3	HCG Pregnancy Test x 50s	1,160.00	3,480.00
12	box	15	Urine Strips x 100s, 4 Parameters	653.25	9,798.75
13	box	5	Blood Lancet (Feather) x 200s	3,200.00	16,000.00
14	piece	500	Urine Container Plastic w/ Cover	14.28	7,140.00
15	pack	3	Dil-A 20 liters	29,750.00	89,250.00
16	box	2	CK-MB FIA x 72s	16,000.00	32,000.00



Total Amount Six Hundred Two Thousand Four Hundred Fourteen Pesos & 00/100 Php **602,414.00**

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:

[Signature]
Gcmed Pharmaceutical Distributor
(Signature over printed Name)
4-26-24
(Date)

[Signature]
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: _____