



Republic of the Philippines
PROVINCE OF ISABELA

PA NO: 701
DATE: _____
BY: _____

PURCHASE ORDER

Supplier : **Gcmed Pharmaceutical Distributor**

P.O. No. : 24-04 - M00396

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

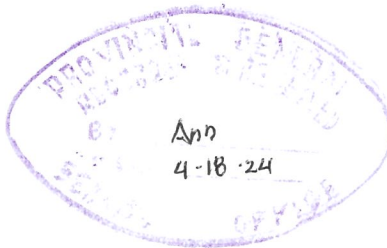
Date : April 18, 2024

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	pack	4	HBAIC FIA x 25s	10,780.00	43,120.00
2	box	2	Activated Partial Thromboplastin Time Reagent Kit	14,850.00	29,700.00
3	box	2	Prothrombin Time Reagent Kit	16,320.00	32,640.00
4	tray	10	Blood Collecting Tube Yellow Top 4ml x 100s	1,320.00	13,200.00
5	tray	10	Blood Collecting Tube Top 3ml x 100s	1,320.00	13,200.00
6	bottle	3	Distilled Water (Laboratory) 1000ml	382.50	1,147.50
7	piece	200	Urine container Plastic w/ Cover	14.28	2,856.00
8	box	10	Urine Strips x 100s, 4 Parameters	653.25	6,532.50
9	bottle	3	Blood Typinf Sera Anti-D, 10ml	1,667.50	5,002.50
10	tray	20	Blood Collecting Tube Lavander Top EDTA Microtainer 0.5ml	1,320.00	26,400.00
11	piece	100	Urine container Plastic w/ Cover	14.28	1,428.00
12	box	15	Blood Glucose Strips	2,900.00	43,500.00
13	box	2	CK-MB FIA x 25s	16,000.00	32,000.00
14	box	10	Urine Strips x 100s, 10 Parameters	2,850.00	28,500.00



Total Amount

Two Hundred Seventy Nine Thousand Two Hundred Twenty Six Pesos & 50/100

Php **279,226.50**

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:

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: _____