



Republic of the Philippines
PROVINCE OF ISABELA

PURCHASE ORDER

P.A. NO: 704

DATE: _____

BY: _____

Supplier: **Gcmed Pharmaceutical Distributor**

P.O. No. : 24-04 - 110039I

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 WARDH** 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 (trop I / Ctnl) FIA x 25s	19,180.00	19,180.00
2	box	2	Trop I / CKMB MYO (3 in 1) FIA x 25s	34,320.00	68,640.00
3	box	1	Activated Partial Thromboplastin Time Reagent Kit	14,850.00	14,850.00
4	roll	1	Prothrombin Time Reagent Kit	10,500.00	10,500.00
<div>PROVINCE OF CALABAR REGIONAL OFFICE Ann 4-18-24</div>					
Total Amount		One Hundred Thirteen Thousand One Hundred Seventy Pesos & 00/100			Php 113,170.00

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:

Gcmed Pharmaceutical Distributor
(Signature over printed Name)
04-22-24
(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: _____