



Republic of the Philippines
 PROVINCE OF ISABELA
PURCHASE ORDER

P.A. NO: 1619
 DAE: _____

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

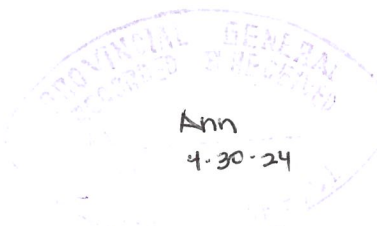
P.O. No.: 2404-10058A
 Date: April 30, 2024

Gentlemen:

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

Place of Delivery: PGSO (MAROH) Delivery Term: _____ Charge _____
 Date of Delivery: Seven (7) days after receipt P.O Payment Term: _____ Check _____

Item No.	Unit	Quantity	Description	Unit Cost	Amount
1	piece	20	Suction Catheter, Fr. 12	14.90	298.00
2	piece	20	Suction Catheter, Fr. 14	14.90	298.00
3	piece	72	Polyglactin Absorbable Suture 0 w/ 35-40mm	993.70	71,546.40
4	piece	72	Needle, Cutting Polyglactin Absorbable Suture 1/0 w/ 35-40mm	993.70	71,546.40
5	piece	72	Needle, Cutting Polyglactin Absorbable Suture 3/0 w/ 35-40mm	993.70	71,546.40
6	roll	24	Wadding Sheet 6"	99.65	2,391.60
7	piece	3	Intubating Stylet Fr. 10	559.95	1,679.85
8	piece	3	Intubating Stylet Fr. 12	559.95	1,679.85
9	piece	3	Intubating Stylet Fr. 14	499.95	1,499.85
10	piece	3	Intubating Stylet Fr. 6-lacking ***** nothing follows *****	599.95	1,799.85



Total Amount Two Hundred Twenty Four Thousand Two Hundred Eighty Six Pesos & 20/100 **Php 224,286.20**

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)
09-02-24
 (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: _____