

P.A. NO: 1286
 DATE: _____
 BY: _____



Republic of the Philippines
 PROVINCE OF ISABELA

PURCHASE ORDER

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

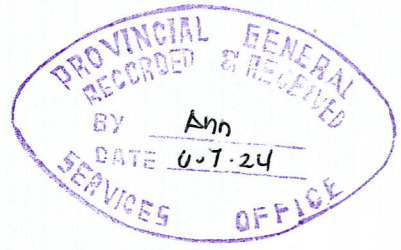
P.O. No. : 24-06-00082
 Date : June 7, 2024

Gentlemen:

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

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

Item No.	Unit	Quantity	Description		Amount
1	ampule	920	Tetanus Toxoid 1500IU	79.36	73,011.20



Total Amount Seventy Three Thousand Eleven Pesos & 20/100 **Php** 73,011.20

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:

 Gomed Pharmaceutical Distributor
 (Signature over printed Name)

 7-19-24
 (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: _____