

Republic of the Philippines PROVINCE OF ISABELA

PURCHASE ORDER

pplier	Gcmed	Pharmaceutical	Distributor

P.O. No. Date

: 24.06 -DOOBB : June 26,2029

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

Please furnish this offi-	ice the following article	es subject to the terms a	nd conditions contained herein:

Place of Delivery : PGSO Echagne District Hospital **Delivery Term:**

Charge

P.A. NO:

DAIE:

Soven (7) days after receipt of P.O.

Payment Term:

Check

Date of Delivery:		Seven (7	days after receipt of P.O. Payment Term:		Check	
Item No.	Unit	Quantity	Description		Amount	
1	vial	200	Vaccine, Verocell(Purified)2.5IU/0.5ml vial+ diluent	1,679.84	335,968.00	
			To 2L 24			
		ç				
Total A	ımount	Three H	lundred Thirty Five Thousand Nine Hundred Sixty Eight Pe	sos & 00/100	Php 335,968.00	

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)

09-06-24 (Date)

RODOLFO T. ALBANO

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: _____