



Republic of the Philippines
PROVINCE OF ISABELA

P.A. NO: 1382
DATE: _____
DT: _____

PURCHASE ORDER

Supplier: Gcmed Pharmaceutical Distributor

P.O. No. : 24 06 . 00093

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

Date : June 27, 2024

Gentlemen:

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

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

| Item No. | Unit | Quantity | Description | | Amount |
|----------|------|----------|--|----------|------------|
| 1 | vial | 372 | Vaccine, Verocell(Purified)2.5IU/0.5ml vial+ diluent | 1,679.84 | 624,900.48 |



Total Amount Six Hundred Twenty Four Thousand Nine Hundred Pesos & 48/100 Php **624,900.48**

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:

[Signature]
Gcmed Pharmaceutical Distributor
(Signature over printed Name)
08-13-24
(Date)

[Signature]
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: _____