



Republic of the Philippines
PROVINCE OF ISABELA

PURCHASE ORDER

P.A. NO: 1377
DATE: _____
BY: _____

Gcmed Pharmaceutical Distributor

P.O. No. : 24-06-10065

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

Date : June 26, 2024

Gentlemen:

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

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

Item No.	Unit	Quantity	Description		Amount
1	units	2	Hemoglobinometer, Hemocue HB 301	101,900.00	203,800.00
2	canisters	10	Hemoglobin Strips, HemoCue HB 301, 50's	9,300.00	93,000.00



Total Amount Two Hundred Ninety Six Thousand Eight Hundred Pesos & 00/100 Php **296,800.00**

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,

RODOLFO T. ALBANO III
Governor

Conforme: _____
Gcmed Pharmaceutical Distributor
(Signature over printed Name)
09-09-24
(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: _____