



Republic of the Philippines
PROVINCE OF ISABELA

P.A. NO. 2259
DATE: _____
BY: _____

PURCHASE ORDER

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

P.O. No. : 2024-01-0142 (1)
Date : 7-29-24

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

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

Item No.	Unit	Quantity	Description		Amount
1	box	60	Hepatitis B Surface Antigen Rapid Diagnostic Test (Abbott) 30 tests/kit	2,472.50	148,350.00



Total Amount One Hundred Forty Eight Thousand Three Hundred Fifty Pesos & 00/100 Php **148,350.00**

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)
08-26-24
(Date)

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: _____