



Republic of the Philippines
PROVINCE OF ISABELA

PURCHASE ORDER

P.A. NO: 1697
DATE: _____
BY: _____

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

P.O. No. : 2407 - M0069A
Date : July 30, 2024

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

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

Item No.	Unit	Quantity	Description		Amount
1	piece	2	Laryngoscope Set Pedia	23,050.00	46,100.00
2	piece	50	Bed Sheet 76" x 37"	600.00	30,000.00
3	box	50	Hypo-Allergenic Tape 1 x 12s	1,238.90	61,945.00
4	piece	500	Infusion Set Adult	26.90	13,450.00



Total Amount **One Hundred Fifty One Thousand Four Hundred Ninety Five Pesos & 00/100** **Php 151,495.00**

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: _____