

7.29

P.A. NO: 2263



Republic of the Philippines  
PROVINCE OF ISABELA

DATE: \_\_\_\_\_  
BY: \_\_\_\_\_

**PURCHASE ORDER**

Gomed Pharmaceutical Distributor

P.O. No. : 24-07-10070B

Grand Mansion Condominium, 212 San Juan St., Brgy. 37, 1300 Pasay City N

Date : July 30, 2024

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

Delivery : <u>PGSO</u>	Delivery Term : _____	Charge _____
of Delivery : <u>Seven (7) days after receipt of P.O.</u>	Payment Term: _____	Check _____

Item No.	Unit	Quantity	Description		Amount
1	box	5	Trop I	19,180.00	95,900.00
2	box	5	HBAIC FIA x 25s	10,780.00	53,900.00
3	box	5	PT	16,320.00	81,600.00
4	box	2	CKMB	16,000.00	32,000.00
5	box	6	APTT	32,000.00	192,000.00
6	box	1	Dutch Cal M, 3ml x 6s (Multicalibrator)	30,899.00	30,899.00
7	box	1	Dutch Trol N, 5ml x 10s (Control-Normal)	45,000.00	45,000.00
8	box	1	Dutch Trol P, 5ml x 10s (Control-Pathologic)	45,000.00	45,000.00
9	box	5	Dil-A, 20 liters	29,750.00	148,750.00
10	bottle	5	LYA-1 Lyse, 200ml	21,100.00	105,500.00
11	bottle	5	LYA-2 Lyse, 500ml	24,000.00	120,000.00



<b>Total Amount</b>	<b>Nine Hundred Fifty Thousand Five Hundred Forty Nine Pesos &amp; 00/100</b>	<b>Php / 950,549.00</b>
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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: \_\_\_\_\_  
 Gomed Pharmaceutical Distributor  
 (Signature over printed Name)  
 08-26-24  
 (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: \_\_\_\_\_