

P.A. NO: 1739



Republic of the Philippines
PROVINCE OF ISABELA

DATE: _____
BY: _____

PURCHASE ORDER

Gcmed Pharmaceutical Distributor

P.O. No. : 24-08-DDD3A

Address : Legend Mansion Condominium, 212 San Juan St., Brgy. 37, 1300 Pasay City No

Date : August 6, 2024

Gentlemen:

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

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

Item No.	Unit	Quantity	Description		Amount
1	vial	500	Vaccine Vero Cell(Purified) 2.5 IU/0.5ml vial + diluent	1,679.84	839,920.00



Total Amount	Eight Hundred Thirty Nine Thousand Nine Hundred Twenty Pesos & 00/100	Php 839,920.00
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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:

Gcmed Pharmaceutical Distributor
 (Signature over printed Name)
 10-08-24
 (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: _____