

P.A. NO: 1591
 DATE: _____
 BY: _____



Republic of the Philippines
 PROVINCE OF ISABELA

PURCHASE ORDER

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

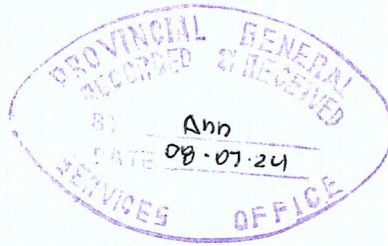
P.O. No. : 24-08-00104
 Date : August 07, 2024

Gentlemen:

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

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

Item No.	Unit	Quantity	Description		Amount
1	vial	250	Vaccine, Vero Cell (Purified) 2.5 IU/0.5ml vial + diluent	1,679.84	419,960.00



Total Amount Four Hundred Nineteen Thousand Nine Hundred Sixty Pesos & 00/100 Php **419,960.00**

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:

Cher
 Gcmed Pharmaceutical Distributor
 (Signature over printed Name)
08-23-24
 (Date)

Rodolfo T. Albano III
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: _____