



Republic of the Philippines
PROVINCE OF ISABELA

PURCHASE ORDER

P.A. NO: 1700

DATE: _____

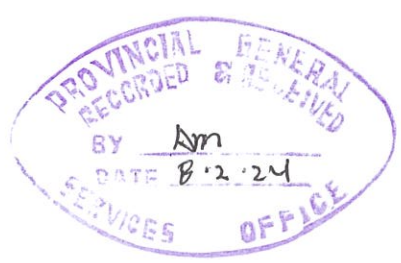
Supplier : **Gcmed Pharmaceutical Distributor**
Address : **Legend Mansion Condominium, 212 San Juan St., Brgy. 37, 1300 Pasay City N**

P.O. No. : 24-08-14075
Date : August 2, 2024

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

Place of Delivery : PGSO - GFMH 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	1	SGPT/ALT, 65ml x 6s / 13ml x 6s 1500 tests	207,158.00	207,158.00
2	box	1	SGOT/AST, 65ml x 6s / 13ml x 6s 1500 tests	207,158.00	207,158.00
3	box	1	Triglycerides, 65ml x 6s - 1300 tests	223,500.00	223,500.00
4	box	1	Urea UV (BUN), 65ml x 6s / 13ml x 6s 1500 tests	171,385.00	171,385.00
5	box	1	Uric Acid (BUA), 65ml x 6s - 1300 tests	131,445.00	131,445.00



Total Amount Nine Hundred Forty Thousand Six Hundred Forty Six Pesos 2^{00/100} Php **940,646.00**

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)
09-13-24
(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: _____