



Republic of the Philippines
PROVINCE OF ISABELA

P.A. NO: 1750
Date: _____
By: _____

PURCHASE ORDER

Gmed Pharmaceutical Distributor
Legend Mansion Condominium, 212 San Juan St., Brgy. 37, 1300 Pasay City N

P.O. No. : 24-00-MW84
Date : August 9, 2024

Items:

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

Place of Delivery : PGSO - Milagros Albano District Hospital 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	50	Hypoallergenic Tape 1x12s	1,238.90	61,945.00
2	piece	500	Infusion Set Pedia	27.40	13,700.00
3	piece	500	Nebulizer Kit w/ T-Tubing and Mouth Piece	109.90	54,950.00
4	piece	500	Oxygen Cannula Adult	51.90	25,950.00
5	piece	20	Patient's Gown	750.00	15,000.00
6	tube	10	Adhesive Plaster 12x10yards, Pre-cut	1,469.90	14,699.00
7	box	18	Disposable Needle ga.19x 100s	483.80	8,708.40
8	bottle	100	Hydrogen Peroxide 120ml	45.80	4,580.00
9	roll	18	Leukoplast 2.5cm	498.70	8,976.60
10	piece	5	Thermal Gun Scanner	2,098.40	10,492.00
11	bottle	500	Alcohol 70% 500ml Isoprophyl	128.90	64,450.00
12	piece	7	Trolley	6,800.00	47,600.00
13	piece	1	Cardiac Board	4,399.70	4,399.70
14	piece	3	Ambu Bag Pedia	2,350.00	7,050.00



Total Amount Three Hundred Forty Two Thousand Five Hundred Pesos & 70/100 Php **342,500.70**

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:

Gmed Pharmaceutical Distributor
(Signature over printed Name)
09-27-24
(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: _____