



Republic of the Philippines  
PROVINCE OF ISABELA

**PURCHASE ORDER**

P.A. NO: 1757  
DATE: \_\_\_\_\_  
BY: \_\_\_\_\_

Supplier: Gcmed Pharmaceutical Distributor

P.O. No. : 2408-MDD

Address: Legend Mansion Condominium, 212 San Juan St., Brgy. 37, 1300 Pasay City N

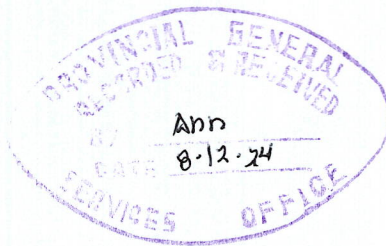
Date : August 12, 2024

Gentlemen:

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

Place of Delivery : PGSO - Echague 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	1	Isepak	32,250.00	32,250.00
2	box	1	Uric	131,445.00	131,445.00
3	box	3	DF5	36,300.00	108,900.00
4	bottle	2	DF5	24,000.00	48,000.00
5	box	1	Trop I	19,180.00	19,180.00
6	box	1	FT3	12,950.00	12,950.00
7	box	4	HbA1C	10,780.00	43,120.00
8	box	1	T4	12,420.00	12,420.00
9	box	1	TSH	15,850.00	15,850.00
10	box	1	Dengu	13,300.00	13,300.00
11	box	1	PT	16,320.00	16,320.00
12	box	1	APTT	32,000.00	32,000.00
13	box	1	Salmonella TYPI	13,360.00	13,360.00
14	box	1	Coagulation Control	19,200.00	19,200.00
<b>Total Amount</b>			<b>Five Hundred Eighteen Thousand Two Hundred Ninety Five Pesos &amp; 00/100</b>	<b>Php</b>	<b>518,295.00</b>



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)  
09-30-24  
(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: \_\_\_\_\_