



PURCHASE ORDER

Supplier : **Gcmed Pharmaceutical Distributor**

P.O. No. : 24-08-HD001

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

Date : August 18, 2024

Gentlemen:

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	84	Disposable Syringe w/ needle 1ml x 100s	439.65	36,930.60
2	box	52	Disposable Syringe w/ needle 10ml x 100s	568.18	29,545.36
3	piece	1000	Heplock-In-Stopper	23.80	23,800.00
4	piece	1000	IV Cannula ga.18	46.10	46,100.00
5	piece	1000	IV Cannula ga.20	46.10	46,100.00
6	piece	1000	IV Cannula ga.22	46.10	46,100.00
7	piece	1000	IV Cannula ga.24	48.70	48,700.00
8	piece	1000	IV Cannula ga.26	48.40	48,400.00
9	piece	48	Monocryl 1 Round	1,200.00	57,600.00



FOR SI

Total Amount

Three Hundred Eighty Three Thousand Two Hundred Seventy Five Pesos & 96/100

Php 383,275.96

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:

Gcmed Pharmaceutical Distributor
(Signature over printed Name)
10-04-24
(Date)

RODOLFO T. ALBANO
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: _____