



Republic of the Philippines
PROVINCE OF ISABELA

PURCHASE ORDER

P.A. NO: 2434
DATE: _____
BY: _____

Gcmed Pharmaceutical Distributor

P.O. No. : 24-09 -110096C
Date : September 10, 2024

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

Items:

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

Place of Delivery : PGSO MANUEL A. ROXAS 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	TSH FIA x 25s	15,850.00	15,850.00
2	box	2	T3 FIA x 25s	12,420.00	24,840.00
3	box	2	T4 FIA x 25s	12,420.00	24,840.00
4	box	2	FT4 FIA x 25s	12,950.00	25,900.00
5	box	1	CK-MB FIA x 25s	16,000.00	16,000.00
6	box	1	Troponin I (Trop I/Ctnl) FIA x 25s	19,180.00	19,180.00
7	box	1	HBAIC FIA x 25s	10,780.00	10,780.00
8	box	1	Prothrombin Time Reagent Kit	16,320.00	16,320.00
9	box	2	HCG Pregnancy Test x 50s	1,160.00	2,320.00
10	box	2	Solution Pack (Isepack)	38,250.00	76,500.00
11	box	2	Salmonella Typhidot (Detection Reagents)	13,360.00	26,720.00
12	bot	2	DF5 Lyse EO-II, 1000ml	23,200.00	46,400.00
13	bot	2	DF5 Lyse EO-II, 200ml	24,000.00	48,000.00



Total Amount Three Hundred Fifty Three Thousand Six Hundred Fifty Pesos & 00/100 **Php** 353,650.00

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:

Gcmed Pharmaceutical Distributor
(Signature over printed Name)
11-08-24
(Date)

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: _____