



Republic of the Philippines  
PROVINCE OF ISABELA

**PURCHASE ORDER**

P.A. NO: 2024  
DATE: \_\_\_\_\_  
BY: \_\_\_\_\_

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

P.O. No. : 24-10-140104B  
Date : October 18, 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	piece	200	IV Cannula g20	46.08	9,216.00
2	piece	500	Infusion Set adult	26.88	13,440.00
3	piece	500	Infusion Set pedia	27.38	13,690.00
4	piece	100	Wee bAg / Pediatric Urine Connector 100ml x 100s	698.88	69,888.00
5	piece	10	Pulse Oximeter adult	300.00	3,000.00
6	dozen	3	Silk 3-0 cutting	598.88	1,796.64
7	dozen	3	Polyglactin Absorbable Suture 4/0 w/ 35-40mm needle cutting	993.68	2,981.04
8	dozen	2	X-Ray Film 14x17x100s	9,082.63	18,165.26
9	piece	2	X-Ray Envelope 14x17x100s	960.34	1,920.68
<b>Total Amount</b>			<b>One Hundred Thirty Four Thousand Ninety Seven Pesos &amp; 62/100</b>		<b>Php 134,097.62</b>



**Total Amount** **One Hundred Thirty Four Thousand Ninety Seven Pesos & 62/100** **Php 134,097.62**

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)  
\_\_\_\_\_  
11-13-24  
(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: \_\_\_\_\_