

10.8/7-11



Republic of the Philippines
PROVINCE OF ISABELA

P.A. No. 2550

DATE: _____
BY: _____

PURCHASE ORDER

Supplier: **Gcmed Pharmaceutical Distributor**

P.O. No. : **24-10-MD109**

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

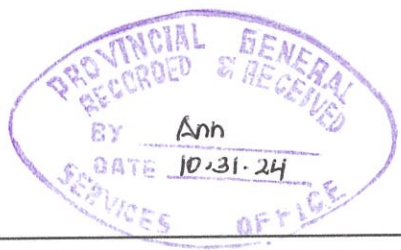
Date : **October 31, 2024**

Gentlemen:

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

Place of Delivery : <u>PGSO (GFND Memorial Hospital)</u>	Delivery Term : _____	Charge _____
Date of Delivery : <u>Seven (7) days after receipt of P.O.</u>	Payment Term: _____	Check _____

Item No.	Unit	Quantity	Description		Amount
1	box	5	TSH	15,850.00	79,250.00
2	box	2	FT3	12,420.00	24,840.00
3	box	6	DIL A	29,750.00	178,500.00
4	tray	11	Microtainer	1,320.00	14,520.00
5	box	20	Glass Slide Plain/Clear	90.00	1,800.00
6	box	30	Glass Slide Frosted	90.00	2,700.00
7	piece	30	Mayo Scissor 18cm	1,350.00	40,500.00
8	piece	30	Bandage Scissor 16cm	1,350.00	40,500.00
9	piece	30	Kelly Forcep Straight 16.5cm	1,300.00	39,000.00
10	piece	30	Kelly Forcep Straight 14cm	1,300.00	39,000.00
11	piece	30	Mosquito Forcep Curve 14cm	1,200.00	36,000.00
12	piece	30	Needle Holder Heavy Tip 18cm	1,600.00	48,000.00
13	piece	10	Oschner Forcep	2,850.00	28,500.00
14	piece	20	Towel Clip 15cm	1,250.00	25,000.00
15	piece	15	Blade Holder #3	550.00	8,250.00
16	piece	15	Blade Holder #4	550.00	8,250.00
17	piece	30	Allis Forcep 15cm	1,600.00	48,000.00
18	piece	10	Instrument Tray 20cm	2,350.00	23,500.00
19	piece	10	Instrument Tray 30cm	3,400.00	34,000.00
20	box	4	HIV, Elisa, Autobio/Intec 96s	23,850.00	95,400.00
21	box	2	HCV, Elisa, Autobio/Intec 96s	10,077.98	20,155.96
22	box	1	Papanicolaou Stain	5,500.00	5,500.00
23	box	1	Anti-TP	22,665.00	22,665.00
24	bottle	10	OGTT	-415.00	-4,150.00
25	tray	6	Red Top	1,320.00	7,920.00
26	box	10	HBAIC	10,780.00	107,800.00



Total Amount	Nine Hundred Eighty Three Thousand Seven Hundred Pesos & 96/100	Php 983,700.96
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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)

 1-15-24
 (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: _____