



Republic of the Philippines  
PROVINCE OF ISABELA

**PURCHASE ORDER**

P.A. NO: 2558

DATE: \_\_\_\_\_

BY: \_\_\_\_\_

Supplier: **Gcmed Pharmaceutical Distributor**

P.O. No. : 24-10-40109A

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

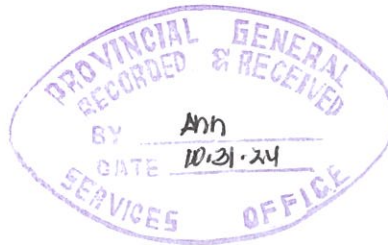
Date : October 31, 2024

Gentlemen:

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

Place of Delivery : **PGSO (San Mariano Community 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	bottle	2	AHG (Anti Human Globulin)	1,750.00	3,500.00
2	bottle	2	LISS (Low Ionic Strength Saline)	1,500.00	3,000.00
3	bottle	5	Distilled Water	382.50	1,912.50
4	bottle	7	Hematology Analyzer Lyse LYC 2, 500ml	31,100.00	217,700.00
5	unit	2	Blood Glucose Meter	2,520.00	5,040.00
6	piece	500	Urine Container	14.28	7,140.00
7	piece	500	Fecalysis Cup	16.00	8,000.00
8	pack	2	Hematology Analyzer Diluent DIL C	31,000.00	62,000.00
9	bottle	1	IFS (Internal Filling Solution)	12,340.00	12,340.00
10	piece	50	Tourniquet	16.50	825.00
11	set	1	Hematology Control	38,500.00	38,500.00



**Total Amount**      **Three Hundred Fifty Nine Thousand Nine Hundred Fifty Seven Pesos & 50/100**      **Php 359,957.50**

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)  
1-15-24  
(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: \_\_\_\_\_