



Republic of the Philippines
PROVINCE OF ISABELA

P.A. NO. 2559
DATE: _____
BY: _____

PURCHASE ORDER

Med Pharmaceutical Distributor

P.O. No. : 24-11-MD110A

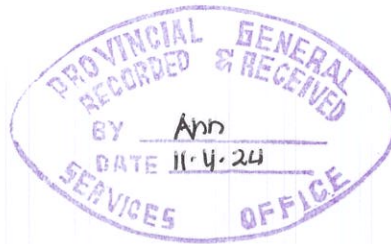
Legend Mansion Condominium, 212 San Juan St., Brgy. 37, 1300 Pasay City N

Date : November 4, 2024

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

Delivery : PGSO (San Mariano Community Hospital) Delivery Term : _____ Charge
Delivery : Seven (7) days after receipt of P.O. Payment Term: _____ Check

No.	Unit	Quantity	Description		Amount
1	box	2	Solution Pack (Isepak)	38,250.00	76,500.00
2	piece	300	Fecalysis Cup	16.00	4,800.00
3	piece	150	Urine Container Plastic w/ Cover	14.28	2,142.00
4	set	1	Mematology Analyzer Control	27,000.00	27,000.00
5	box	3	Feccal Occult Blood Test (FOBT)	15,229.45	45,688.35
6	box	1	HIV Kit	10,735.00	10,735.00
7	box	1	Papanicolaou Stain	5,500.00	5,500.00
8	piece	150	Urine Cup	14.28	2,142.00
9	box	2	Pregnancy Test Kit	1,160.00	2,320.00
10	tray	10	EDTA 3ml	1,600.00	16,000.00
11	tray	5	Yellow Top 3ml	1,600.00	8,000.00
12	box	10	Urine Strips 4 parameter	653.25	6,532.50
13	box	3	Urine Strips 10 parameter	1,437.50	4,312.50
14	box	12	Hepatitis B Surface Antigen (HBSAG)	2,650.00	31,800.00
15	box	5	Typhidot	13,360.00	66,800.00
16	box	3	Glycosylated Hemoglobin (HBAIC)	10,780.00	32,340.00



Total Amount Three Hundred Forty Two Thousand Six Hundred Twelve Pesos & 35/100 **Php** / 342,612.35

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)
12-02-24
(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: _____