



Republic of the Philippines
PROVINCE OF ISABELA

P.A. NO: 2018
DATE: _____
BY: _____

PURCHASE ORDER

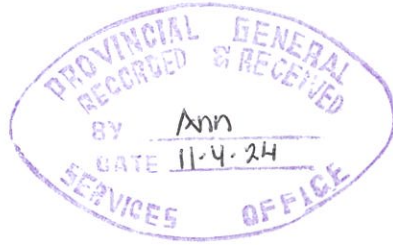
P.O. No. : 24-11 - MD111
Date : November 4, 2024

Gcmed Pharmaceutical Distributor
Grand Mansion Condominium, 212 San Juan St., Brgy. 37, 1300 Pasay City N

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

Delivery : PGSO (GFNDMH) Delivery Term : _____ Charge _____
Delivery : Seven (7) days after receipt of P.O. Payment Term: _____ Check _____

No.	Unit	Quantity	Description		Amount
1	set	1	Hematology Control	38,500.00	38,500.00
2	box	10	Hematology DIL A	29,750.00	297,500.00
3	box	5	LYA 1 200ml	21,100.00	105,500.00
4	box	5	LYA 3 1000ml	24,000.00	120,000.00
5	box	1	BUN (Urea)	171,385.00	171,385.00



Total Amount Seven Hundred Thirty Two Thousand Eight Hundred Eighty Five Pesos & 00/100 Php 732,885.00

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,

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: _____