

10-8-12  
P.R.



Republic of the Philippines  
PROVINCE OF ISABELA

P.A. NO: 2316

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

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

**PURCHASE ORDER**

Gcmed Pharmaceutical Distributor

P.O. No. : 24-11 - 110113

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

Date : November 5, 2024

Gentlemen:

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

Place of Delivery : <u>PGSO (GFNDMH)</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	bottle	72	OGTT 75 grams	415.00	29,880.00
2	box	30	Glucose Strips (Advan/Medme)	2,900.00	87,000.00
3	bottle	5	Anti A Typing Sera Epiclone	1,883.00	9,415.00
4	bottle	5	Anti B Typing Sera Epiclone	1,830.00	9,150.00
5	bottle	5	Anti D Typing Sera Epiclone	1,667.50	8,337.50
6	box	5	HbA1c (Finecare) 25s	10,780.00	53,900.00
7	box	3	Trop I (Finecare) FIA x 25s	12,420.00	37,260.00
8	piece	1	Inline Carbon (Water System)	4,150.00	4,150.00
9	piece	1	DI Filter (Water System)	33,500.00	33,500.00
10	piece	1	Halogen Lamp	28,365.00	28,365.00
11	box	1	Ga2000+ Cuvette	34,200.00	34,200.00



<b>Total Amount</b>	<b>Three Hundred Thirty Five Thousand One Hundred Fifty Seven Pesos &amp; 50/100</b>	<b>Php 335,157.50</b>
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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)  
11-19-24  
 (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: \_\_\_\_\_