

P.A. NO: 2555  
 DATE: \_\_\_\_\_  
 BY: \_\_\_\_\_



Republic of the Philippines  
 PROVINCE OF ISABELA

**PURCHASE ORDER**

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

P.O. No. : 24-11-14013A  
 Date : November 5, 2024

Gentlemen:

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

Place of Delivery : PGSO (GFNDMH) Delivery Term : \_\_\_\_\_ Charge \_\_\_\_\_  
 Date of Delivery : Seven (7) days after receipt of P.O. Payment Term: \_\_\_\_\_ Check \_\_\_\_\_

Item No.	Unit	Quantity	Description		Amount
1	box	15	X-Ray Film 14x17 green sensitivity	9,082.63	136,239.45
2	box	15	X-Ray Film Envelope 14x17	960.34	14,405.10
3	box	5	Umbilical Cord Clamp 100s	699.68	3,498.40
4	tube	50	Lubricating Jelly 150 grams	328.38	16,419.00
5	box	100	Surgical Gloves 6.5	1,698.88	169,888.00
6	box	100	Surgical Gloves 7.0	1,698.88	169,888.00
7	box	100	Surgical Gloves 7.5	1,698.88	169,888.00
8	pack	100	Abdominal pAck 12x12x10s	1,498.88	149,888.00
9	piece	100	Thermometer Digital (Clinical)	148.88	14,888.00
10	gallon	2	Ultrasound Gel with Dispenser	1,153.88	2,307.76



**Total Amount** Eight Hundred Forty Seven Thousand Three Hundred Nine Pesos & 71/100 **Php** 847,309.71

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)  
11-10-24  
 (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: \_\_\_\_\_