



Republic of the Philippines  
PROVINCE OF ISABELA

PA NO: 2505  
DATE: \_\_\_\_\_  
BY: \_\_\_\_\_

**PURCHASE ORDER**

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

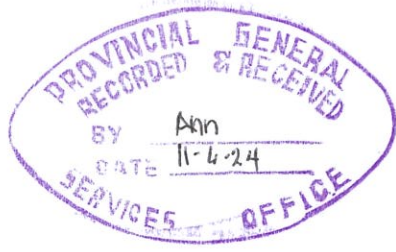
P.O. No. : 24-11-140114  
Date : November 4, 2024

Gentlemen:

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

Place of Delivery : PGSO (Manuel A. Roxas District 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	roll	20	Absorbent Cotton 400 grams	248.88	4,977.60
2	bottle	300	Alcohol 70%, 500ml Isoprophyl	128.88	38,664.00
3	piece	20	Arm Sling Medium	129.48	2,589.60
4	piece	40	Arm Sling Large	129.48	5,179.20
5	piece	160	Blood Transfusion Set	73.88	11,820.80
6	box	24	Catgut Chromic 1/0 w/ 35-40mm needle, round	539.78	12,954.72
7	box	40	Disposable Syringe (Insulin) w/ needle ga.29 x 1/2 x 0.5ml x 100s	1,238.68	49,547.20
8	box	40	Disposable Syringe (Insulin) w/ needle ga.29 x 1/2 x 1ml x 100s	1,403.83	56,153.20
9	box	24	Disposable Needle ga.26 x 100s	483.78	11,610.72
10	box	48	Disposable Syringe w/ needle 10ml x 100s	568.18	27,272.64
11	box	64	Disposable Syringe w/ needle 1ml x 100s	439.63	28,136.32
12	box	48	Disposable Syringe w/ needle 5ml x 100s	439.76	21,108.48
13	roll	12	ECG Paper 80mm x 20meters	169.51	2,034.12
14	box	10	Examination Gloves Small, 100s	628.38	6,283.80
15	box	60	Examination Gloves Medium, 100s	628.38	37,702.80
16	box	60	Examination Gloves Large, 100s	628.38	37,702.80



**Total Amount** Three Hundred Fifty Three Thousand Seven Hundred Thirty Eight Pesos & 00/100 Php **353,738.00**

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)  
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: \_\_\_\_\_