



## Republic of the Philippines PROVINCE OF ISABELA

## **PURCHASE ORDER**

P.A. NO:	201
DATE:	
DV.	

BT:

ier : Gcmed Pharmaceut	tical Distributor
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dress : Legend Mansion Condominium, 212 San Juan St., Brgy. 37, 1300 Pasay City N

P.O. No. : 24-11 - MO115

Date: Novamber 4, 2024

Gentlemen:

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

Place of Delivery: PGSO (Cauayan 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 2 3 4 5 6 7 8 9 10	box pack bot tray tray box pack box box bot	1 3 2 5 5 15 1 15 3 10	Creatinine, 65ml / 13ml x 6s Diluent A LYA-3 Blood Collecting Tube Lavander Top 3ml x 100s Blood Collecting Tube Yellow Top 3ml x 100s Blood Glucose Strip GA (Micro) Sample Cups x 500s Glass Slide, Clear x 72s HCG (U/S) Urine Serum Urine Strips x 100s, 4 parameters	101,500.00 29,750.00 24,000.00 1,320.00 1,320.00 2,900.00 14,259.00 90.00 2,018.25 653.25	101,500.00 89,250.00 48,000.00 6,600.00 43,500.00 14,259.00 1,350.00 6,054.75 6,532.50
			SOUTH SERVER STEERS AND STEERS OF STEERS		
Total 4	Amount	Three b	lundred Twenty Three Thousand Six Hundred Forty Six F	Pesos & 25/100	Phn 323 646 25

Total Amount Three Hundred Twenty Three Thousand Six Hundred Forty Six Pesos & 25/100 Php
In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one

Very truly yours,

Conforme:

Gcmed Pharmaceutical Distributor
(Signature over printed Name)

(Date)

RODOLFO T. ALBANO III Governor

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:

percent for every day of delay shall be imposed.

Date: