

7-19
P.R.



Republic of the Philippines
PROVINCE OF ISABELA

PURCHASE ORDER

P.A. NO: 2523
DATE: _____
BY: _____

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

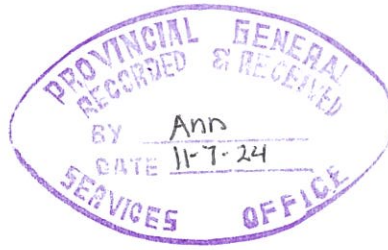
P.O. No. : 24-11-MD116
Date : November 7, 2024

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	set	1	Electrolyte (Erma Control)	28,392.00	28,392.00
2	box	1	Anti HIV	16,000.00	16,000.00
3	box	4	Anti HCV	12,100.00	48,400.00
4	box	6	Elisa HBSAG	21,095.00	126,570.00
5	box	20	HBSAG x 50s	6,350.00	127,000.00
6	box	10	Syphilis/RPR	5,083.00	50,830.00
7	bottle	120	OGTT 75	415.00	49,800.00
8	set	1	Hematology Control 5 parts	38,500.00	38,500.00
9	box	1	Triglycerides	223,500.00	223,500.00
10	box	2	Glucose	111,220.00	222,440.00



Total Amount Nine Hundred Thirty One Thousand Four Hundred Thirty Two Pesos & 00/100 **Php** 931,432.00

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: _____