

Republic of the Philippines PROVINCE OF ISABELA

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P.A. NO:	202
DATE:	NAME OF THE OWNER OWNER OF THE OWNER
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Gcmed Pharmaceutical Distributor

P.O. No. : 24-11 - 40118

dress: Legend Mansion Condomi	nium, 212 San Juan St., Brgy. 37, 1300 Pasay City NCR,
Gentlemen:	, 1300 Pasay City NCR,

Date

: November 8, 2024

P	lease furn	ish this office	e the	following articles subject to the				7 30 2 7	
		PGSO (G	FND	MH)	Delivery Term :	ained herein:			
Date of Delivery:		Seven (7) days after receipt of P.O.			Payment Term:	-	Charge		
Item No.	Unit	Quantity		Descripti			Check		
				, bescripti	OII		Ar	nount	
1	piece	1000	IV C	annula ga24		10.60		10.000	
2	piece	100	Plas	ter of Paris 4"		48.68 240.88		48,680.00	
4	piece	200	Oxy	gen Cannula Neonate		49.38		24,088.00	
5	pack piece	50 1000	vvee	Bag 100ml x 100s		698.88		9,876.00	
6	piece	500	Oxy	en Cannula Adult		51.88		34,944.00 51,880.00	
7	piece	144	Vicn	d Transfusion Set O 90cm Ethicon		73.88		36,940.00	
	μ.σσσ	'	VICIS	O 90cm Ethicon		993.68		143,089.92	
				BY Ann BY END BY	OFF. ICE				
Total Am	1	Three Hund	red i	Forty Nine Thousand Four Ho	undred Ninety Seven Pes	05 & 02/400	Nh		
ercent fa-	ii case of	failure to ma	ke th	e full delivery within the time as	pecified above a penalty of	one tenth (4/4)	hp / 3	49,497.92	
ercent for	every day	of delay sha	all be	imposed.		one-teritir (1/10) or one		
					Very truly yours,		la	6	
onforme:			01	+00.		RODOLFO	T. ALBAN	011111	
		Gcmed Phai	mac	eutical Distributor			vernor	OX I	
		(Signature	over	printed Name)					
-			-19-	24					
			(Da						

case of negotiated purchase pursuant to Section 369 (a) of RA 7160, this portion must be accomplished).

Date: _

proved per Sanggunian Resolution No.: _

ertified Correct: