



Republic of the Philippines
PROVINCE OF ISABELA

P.A. NO: 2520
DATE: _____
BY: _____

PURCHASE ORDER

Gcmed Pharmaceutical Distributor

P.O. No. : 24-11-M0119

Legend Mansion Condominium, 212 San Juan St., Brgy. 37, 1300 Pasay City N

Date : November 8, 2024

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	2	Cholesterol	123,197.00	246,394.00
2	box	3	Anti TP Elisa	22,665.00	67,995.00
3	box	3	HDL	170,724.00	512,172.00
4	box	1	Calibrator GA 400	30,899.00	30,899.00
5	box	3	Anti HCV	12,100.00	36,300.00
6	box	3	HbsAg Elisa	21,095.00	63,285.00



Total Amount Nine Hundred Fifty Seven Thousand Forty Five Pesos & 00/100 Php 957,045.00

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: _____