



Republic of the Philippines
PROVINCE OF ISABELA

P.A. NO: 279
DATE: _____
BY: _____

PURCHASE ORDER

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

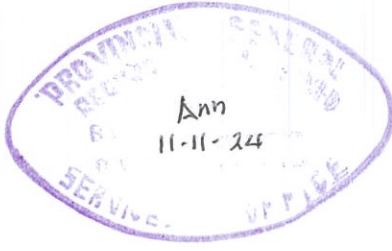
P.O. No. : 24-11 - MO124 - A
Date : November 11, 2024

Remarks:

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	box	15	Blood Glucose Strips (RBS)	2,900.00	43,500.00
2	piece	800	Urine Container Plastic w/ Cover	14.28	11,424.00
3	box	3	Dengue, (IgG/IgM)	13,789.00	41,367.00
4	pack	1	GA (Micro) Sample Cups x 500s	14,259.00	14,259.00
5	box	1	HDL Direct (Cholesterol) 60ml x 4s/20ml x 4s	170,724.00	170,724.00
6	bottle	4	Alkaflush	29,848.00	119,392.00
7	box	2	Blood Lancet (Feather) x 200s	3,200.00	6,400.00
8	set	1	Control Level N & P (Electrolytes)	28,392.00	28,392.00
9	piece	2	Halogen Lamp for gA 400 Machine	28,365.00	56,730.00
10	tray	10	Blood Collecting Tube Yellow Top 4ml x 100s	1,320.00	13,200.00
11	tray	10	Blood Collecting Tube Lavander Top 3mlx100s	1,320.00	13,200.00
12	tray	10	Blood Collecting Tube Lavander Top EDTA Microtainer 0.5mlx100s	1,320.00	13,200.00
13	box	20	Glass Slides Clear x 72s	90.00	1,800.00
14	box	3	DIL A 20 liters	29,750.00	89,250.00
15	piece	1	ERMA Pump Tube	17,680.00	17,680.00
16	bottle	2	LYA 1 Lyse, 200ml	21,100.00	42,200.00
17	bottle	2	LYA 2 Lyse, 500ml	24,000.00	48,000.00
18	bottle	4	LYA 3 Lyse, 1000ml	24,000.00	96,000.00
19	box	2	Solution Pack (Isepak)	38,250.00	76,500.00
20	box	15	Urine Strips x 100s, 4 parameters	653.25	9,798.75



Total Amount Nine Hundred Thirteen Thousand Sixteen pesos & 75/100 Php 913,016.75

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:
Gmed Pharmaceutical Distributor
(Signature over printed Name)
11-21-24
(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: _____