

P.A. NO: 2004
 DATE: _____
 BY: _____



Republic of the Philippines
 PROVINCE OF ISABELA

PURCHASE ORDER

Pharmaceutical Distributor

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

P.O. No. : 24-11-M0126
 Date : November 11, 2024

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

Delivery : PGSO (Manuel A. Roxas District Hospital) Delivery Term : _____ Charge _____
 of Delivery : Seven (7) days after receipt of P.O. Payment Term: _____ Check _____

Item No.	Unit	Quantity	Description		Amount
1	box	40	Blood collecting tube lavender top 3ml x 100s	1,320.00	52,800.00
2	box	10	Blood Collecting Tube Lavander Top EDTA Microtainer 0.5ml x 100's	1,320.00	13,200.00
3	box	20	Blood Collecting Tube Yellow Top 4ml x 100s	1,320.00	26,400.00
4	box	3	TSH FIA x 25s	15,850.00	47,550.00
5	box	3	FT3 FIA x 25s	12,950.00	38,850.00
6	box	3	HBAIC FIA x 25s	10,780.00	32,340.00
7	box	2	Dutch Trol N, 5ml x 6s (Control Normal)	45,000.00	90,000.00
8	box	2	Dutch Trol P, 5ml x 6s (Control-Pathologic)	45,000.00	90,000.00
9	bottle	2	Blood Typing Sera Anti A 10ml	1,883.00	3,766.00
10	bottle	2	Blood Typing Sera Anti B 10ml	1,830.00	3,660.00
11	bottle	2	Blood Typing Sera Anti D 10ml	1,667.50	3,335.00
12	box	20	Urine Strips x 100s 4 parameters	653.25	13,065.00
13	box	5	Solution Pack (Isepak)	38,250.00	191,250.00
14	box	5	Syphilis Rapid Test Kit x 25s	5,083.00	25,415.00
15	box	5	Dengue NS1 x 10s	13,300.00	66,500.00
16	box	2	Dengue (IgG, IgM)	13,789.00	27,578.00
17	box	3	HCG Pregnancy Test x 50s	1,160.00	3,480.00
18	box	40	Blood Glucose Strips/Electrodes (RBS)	2,900.00	116,000.00
19	box	2	Dutch Cak M, 3ml x 6s (Multicalibrator)	30,899.00	61,798.00



Total Amount Nine Hundred Six Thousand Nine Hundred Eighty Seven Pesos & 00/100 **Php** 906,987.00

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