



Republic of the Philippines
PROVINCE OF ISABELA

PA NO: 2029
DATE: _____
BY: _____

PURCHASE ORDER

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

P.O. No. : 24-11 - M0129
Date : November 12, 2024

men:
Please furnish this office the following articles subject to the terms and conditions contained herein:
Place of Delivery : PGSO (San Mariano Community 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	roll	20	Absorbent Cotton 400g	248.88	4,977.60
2	bottle	150	Alcohol 70% 500ml	128.88	19,332.00
3	gallon	2	Activated Glutaraldehyde Solution w/ Activator	2,938.88	5,877.76
4	dozen	20	Chromic 2/0 (Cutting Needle)	539.78	10,795.60
5	dozen	20	Chromic 3/0 (Cutting Needle)	539.78	10,795.60
6	pack	25	Disposable OR Cap x 100s	299.43	7,485.75
7	box	100	Disposable Syringe w/ Needle 10mlx100s	568.18	56,818.00
8	box	100	Disposable Syringe w/ Needle 3mlx100s	439.33	43,933.00
9	box	100	Disposable Syringe w/ Needle 1mlx100s	439.63	43,963.00
10	box	10	Examination Gloves Small 100s	628.38	6,283.80
11	box	20	Examination Gloves Medium 100s	628.38	12,567.60
12	box	20	Examination Gloves Large 100s	628.38	12,567.60
13	piece	1000	Infusion St Adult	26.88	26,880.00
14	box	25	Hypo Allergenic Tape 1"x2"s3m	1,238.88	30,972.00
Total Amount					Php / 293,249.31



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)
11-21-24
(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: _____