

P.A. NO: 2807
 DATE: _____
 BY: _____



Republic of the Philippines
 PROVINCE OF ISABELA

PURCHASE ORDER

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

P.O. No. : 24-11-140133
 Date : November 13, 2024

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

Place of Delivery : PGSO (Manuel A. Roxas 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	3	DIL C 20 liters	31,000.00	93,000.00
2	bottle	5	LYC 1 200ml	31,100.00	155,500.00
3	bottle	10	LYC 2 500ml	31,100.00	311,000.00



Total Amount Five Hundred Fifty Nine Thousand Five Hundred Pesos & 00/100 Php 559,500.00

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)
11-25-24
 (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: _____