

P.A. NO: 2805
 DATE: _____
 BY: _____



Republic of the Philippines
 PROVINCE OF ISABELA

PURCHASE ORDER

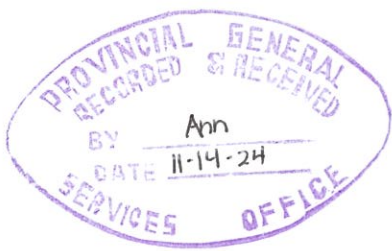
Supplier : Gcmed Pharmaceutical Distributor
 Address : Legend Mansion Condominium, 212 San Juan St., Brgy. 37, 1300 Pasay City N

P.O. No. : 24-11 - M0135
 Date : November 14, 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	bottle	2	Cleanser (CLE P) 50ml	13,000.00	26,000.00
2	box	5	Solution Pack (Isepak)	38,250.00	191,250.00
3	box	2	T3 FIA x 25s	12,420.00	24,840.00
4	box	2	T4 FIA x 25s	12,420.00	24,840.00
5	box	2	TSHFIA x 25s	15,850.00	31,700.00
6	box	1	AFP FIA x 25s	20,450.00	20,450.00
7	bottle	3	Blood Typing Sera Anti A 10ml	1,883.00	5,649.00
8	bottle	3	Blood Typing Sera Anti B 10ml	1,830.00	5,490.00
9	bottle	3	Blood Typing Sera Anti D 10ml	1,667.50	5,002.50
10	tray	6	Blood Collecting Tube Lavander Top EDTA Microtainer 0.5ml x 100's	1,320.00	7,920.00
11	tray	12	Blood collecting tube lavander top 3ml x 100s	1,320.00	15,840.00
12	tray	24	Blood Collecting Tube Yellow Top 4ml x 100s	1,320.00	31,680.00
13	box	10	Urine Strips x 100s 4 parameters	653.25	6,532.50
14	box	3	HCG Pregnancy Test x 50s	1,160.00	3,480.00
15	box	1	Trop I / CKMB MYO (3in1) FIA x 25s	34,320.00	34,320.00



Total Amount Four Hundred Thirty Four Thousand Nine Hundred Ninety Four Pesos & 00/100 Php 434,994.00

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: _____