



Republic of the Philippines
PROVINCE OF ISABELA

P.A. NO: 2765
DATE: _____
BY: _____

PURCHASE ORDER

From: **Gcmed Pharmaceutical Distributor**

P.O. No. : 24-11-MD137

Address: **Legend Mansion Condominium, 212 San Juan St., Brgy. 37, 1300 Pasay City N**

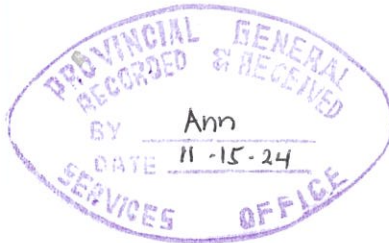
Date : November 15, 2024

Gentlemen:

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

Place of Delivery : <u>PGSO (Palanan Station Hospital)</u>	Delivery Term :	Charge
Date of Delivery : <u>Seven (7) days after receipt of P.O.</u>	Payment Term:	Check

Item No.	Unit	Quantity	Description		Amount
1	set	2	Diagnostic Test Set (Othoscope/Laryngoscope)	27,350.00	54,700.00



Total Amount Fifty Four Thousand Seven Hundred Pesos & 00/100 **Php** 54,700.00

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: _____