



Republic of the Philippines  
PROVINCE OF ISABELA

P.A. NO. 2743  
DATE: \_\_\_\_\_  
BY: \_\_\_\_\_

**PURCHASE ORDER**

P.O. No. : 24-11-10146  
Date : November 20, 2024

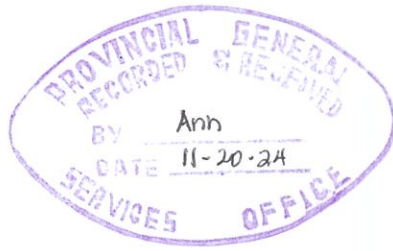
**Gcmed Pharmaceutical Distributor**

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

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

Place of Delivery : PGSO (GFNDMH) 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	10	HBsAg Elisa (Intec/Autobiò) 96s	21,095.00	210,950.00
2	box	10	Anti-HIV Elisa (Intec/Autobio) 96s	23,850.00	238,500.00
3	box	10	Anti-HCV Elisa (Intec/Autobio) 96s	10,077.98	100,779.80
4	box	10	Anti-TP (Syphilis) Elisa (Intec/Autobio) 96s	22,665.00	226,650.00
5	tray	10	Blood Collecting Tube Red Top, Plain 3ml x 100s	1,320.00	13,200.00
6	tray	10	Blood Collecting Tube Red Top, Microtainer, Plain 0.5ml x 100s	1,320.00	13,200.00
7	pack	6	Micro pipettor Tip, Yellow 1000s	718.90	4,313.40
8	vial	20	Anti Human Globulin, Epiclone 10ml	1,750.00	35,000.00
9	vial	20	LISS, Epiclone 10ml	1,500.00	30,000.00
10	vial	23	Typing Sera Anti A, Epiclone 10ml	1,883.00	43,309.00
11	vial	24	Typing Sera Anti B, Epiclone 10ml	1,830.00	43,920.00
12	vial	24	Typing Sera Anti D, Epiclone 10ml	1,667.50	40,020.00
<b>Total Amount</b>			<b>Nine Hundred Ninety Nine Thousand Eight Hundred Forty Two Pesos &amp; 20/100</b>	<b>Php</b>	<b>999,842.20</b>



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)  
11-28-24  
(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: \_\_\_\_\_