



Republic of the Philippines
PROVINCE OF ISABELA

P.A. NO: 2776
DATE: _____
BY: _____

PURCHASE ORDER

Pharmaceutical Distributor

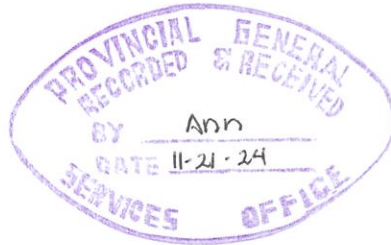
P.O. No. : 24-11-M0150
Date : November 21, 2024

and Mansion Condominium, 212 San Juan St., Brgy. 37, 1300 Pasay City N

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

Place of Delivery : PGSO (Cauayan District Hospital) Delivery Term : _____ Charge _____
Time of Delivery : Seven (7) days after receipt of P.O. Payment Term : _____ Check _____

Item No.	Unit	Quantity	Description		Amount
1	box	250	Heplock In Stopper	23.78	5,945.00
2	box	50	Hypo Allergenic Tape 1/2" x 24s 3M	1,239.82	61,991.00
3	piece	50	Nasogastric Tube Fr16 (Silicone)	366.88	18,344.00
4	gallon	10	Povidone Iodine 10% (Antiseptic)	1,337.88	13,378.80
5	piece	200	Soluset 120ml	221.88	44,376.00
6	piece	200	Infusion Set Adult	26.88	5,376.00
7	bottle	200	Isoprophyl Alcohol 70%	128.88	25,776.00
8	box	10	ECG Thermal Paper 216 x 20	169.63	1,696.30
9	dozen	6	Silk 2/0 w/ 35-40 mm needle cutting	598.88	3,593.28



Total Amount One Hundred Eighty Thousand Four Hundred Seventy Six Pesos & 38/100 Php 180,476.38

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,

Conforme: _____
Gcmed Pharmaceutical Distributor
(Signature over printed Name)
11-28-24
(Date)

RODOLFO T. ALBANO III
Governor

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: _____