



Republic of the Philippines
PROVINCE OF ISABELA

P.A. NO: 2817
DATE: _____
BY: _____

PURCHASE ORDER

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

P.O. No. : 24-11-140152
Date : November 22, 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	piece	5	Stethoscope Adult, Littman	18,975.00	94,875.00	
2	piece	20	Chart Holder Long	1,250.00	25,000.00	
Total Amount		One Hundred Nineteen Thousand Eight Hundred Seventy Five Pesos & 00/100			Php	119,875.00

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,

Conforme:

Ann
Gcmed Pharmaceutical Distributor
(Signature over printed Name)
11-22-24
(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: _____