

P.A. NO. 2801

DATE:

BY:



Republic of the Philippines  
PROVINCE OF ISABELA

**PURCHASE ORDER**

Supplier: **Gcmed Pharmaceutical Distributor**

P.O. No. : 24-11 - M0155

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

Date : **November 25, 2024**

Gentlemen:

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

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

Item No.	Unit	Quantity	Description		Amount
1	bottle	3	DF5 Lyse HGB 500ml	23,500.00	70,500.00
2	piece	1000	Urine Container Plastic with Cover	14.28	14,280.00
3	tray	10	Blood Collecting Tube Lavander Top 2ml x 100s	1,320.00	13,200.00
4	tray	10	Blood Collecting Tube Yellow Top 4ml x 100s	1,320.00	13,200.00
5	vial	10	Anti Human Globulin (AHG)	1,750.00	17,500.00
6	box	20	Urine Strips x 100s, 4 Parameters	653.25	13,065.00
7	tray	10	Blood Collecting Tube Lavander Top EDTA Microtainer 0.5ml x 100s	1,320.00	13,200.00
8	box	12	Galss Slides x 72s Plain	90.00	1,080.00
9	bottle	10	DF5 Lyse EO-II 200ml	24,000.00	240,000.00



<b>Total Amount</b>	<b>Three Hundred Ninety Six Thousand Twenty Five Pesos &amp; 00/100</b>	<b>Php 396,025.00</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,

Conforme:

*Chen*  
**Gcmed Pharmaceutical Distributor**  
 (Signature over printed Name)  
11-28-24  
 (Date)

*R. Albano III*  
**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: \_\_\_\_\_