



Republic of the Philippines
PROVINCE OF ISABELA

PURCHASE ORDER

P.A. NO: 2797

DATE: _____

BY: _____

Supplier: Gcmed Pharmaceutical Distributor

P.O. No. : 24-11 - M0156

Date : November 25, 2024

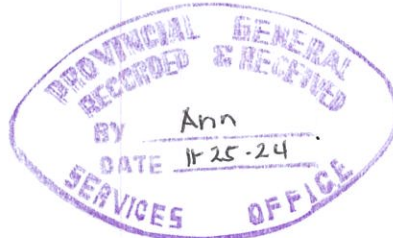
Address : Legend Mansion Condominium, 212 San Juan St., Brgy. 37, 1300 Pasay City N

Gentlemen:

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

Place of Delivery : PGSO (Echague 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	bottle	6	DF5 EO-II 200ml	24,000.00	144,000.00
2	tray	20	Blood Collecting Tube Lavander Top 2ml x 100s	1,320.00	26,400.00
3	tray	10	Blood Collecting Tube Yellow Top 4ml x 100s	1,320.00	13,200.00
4	box	10	Blood Glucose Strips/Electrodes (RBS)	2,900.00	29,000.00
5	box	4	Salmonella Typhidot (Detection Reagents)	13,360.00	53,440.00
6	box	20	Urine Strips x 100s, 4 Parameters	653.25	13,065.00



Total Amount Two Hundred Seventy Nine Thousand One Hundred Five Pesos & 00/100 Php / 279,105.00

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)

11-28-24
(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: _____