

P.A. NO: 2799

DATE: \_\_\_\_\_  
BY: \_\_\_\_\_



Republic of the Philippines  
PROVINCE OF ISABELA  
**PURCHASE ORDER**

**Pharmaceutical Distributor**

P.O. No. : 24-11-10158

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

Date : November 25, 2024

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

Delivery : PGSO (Echague District Hospital)

Delivery Term : \_\_\_\_\_

Charge \_\_\_\_\_

of Delivery : Seven (7) days after receipt of P.O.

Payment Term: \_\_\_\_\_

Check \_\_\_\_\_

Item No.	Unit	Quantity	Description		Amount
1	box	2	DF5 Diluent 20 liters	36,300.00	72,600.00
2	box	1	Solution Pack (Isepak)	38,250.00	38,250.00
3	box	2	Dengue (1gG, 1gM)	13,789.00	27,578.00
4	piece	500	Urine Container Plastic with Cover	14.28	7,140.00
5	bottle	10	Cleanser (CLE P) 50ml	13,000.00	130,000.00
6	set	1	Hematology Control BC5d	38,500.00	38,500.00
7	vial	4	Blood Typing Sera Anti-D 10ml	1,667.50	6,670.00
8	box	1	HBAIC FIA x 25s	10,780.00	10,780.00
9	tray	1	Blood Collecting Tube Lavander Top 2ml x 100s	1,320.00	1,320.00



**Total Amount**      Three Hundred Thirty Two Thousand Eight Hundred Thirty Eight Pesos & 00/100      Php / **332,838.00**

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: \_\_\_\_\_