

P.A. NO: 2809
 DATE: _____
 BY: _____



Republic of the Philippines
 PROVINCE OF ISABELA

PURCHASE ORDER

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

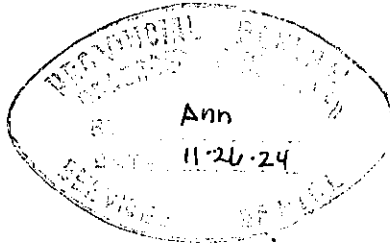
P.O. No. : 24-11-M0161
 Date : November 26, 2024

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 | 13 | Alkaflush | 29,848.00 | 388,024.00 |
| 2 | box | 2 | Uric Acid (BUA) | 131,445.00 | 262,890.00 |



Total Amount Six Hundred Fifty Thousand Nipe Hundred Fourteen Pesos & 00/100 Php / **650,914.00**

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:

Gcmed Pharmaceutical Distributor
 (Signature over printed Name)
12-04-24
 (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: _____