

P.A. NO: 2819
 DATE: _____
 BY: _____



Republic of the Philippines
 PROVINCE OF ISABELA

PURCHASE ORDER

Gcmed Pharmaceutical Distributor

P.O. No. : 24-11-M0167
 Date : November 28, 2024

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

Gentlemen:

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

Place of Delivery : PGSO (San Mariano Community 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	box	1	Creatinine	101,500.00	101,500.00
2	pack	1	GA (Micro) Sample	14,259.00	14,259.00
3	box	5	Salmonella Typhidot	13,360.00	66,800.00
4	box	1	Dutch Cal M (Multicalibrator)	30,899.00	30,899.00
5	box	1	Dutch Trol N	45,000.00	45,000.00
6	box	1	Dutch Trol P	45,000.00	45,000.00
7	set	1	Hematology Analyzer Control	32,000.00	32,000.00



Total Amount **Three Hundred Thirty Five Thousand Four Hundred Fifty Eight Pesos & 00/100** **Php 335,458.00**

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)

 12-05-24
 (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: _____