



Republic of the Philippines
PROVINCE OF ISABELA

PURCHASE ORDER

P.A. NO: 2704
DATE: _____
BY: _____

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

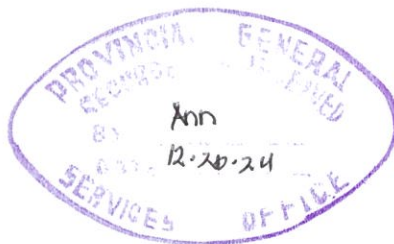
P.O. No. : 24-12-D0181
Date : December 20, 2024

Gentlemen:

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

Place of Delivery : PGSO (Manuel A. Roxas 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	box	3	Dengue (IgG, IgM)	13,789.00	41,367.00
2	box	12	Dengue NS1 x 10s	13,300.00	159,600.00
3	box	6	Anti-HAV	12,560.00	75,360.00
4	box	6	Anti-HCV	12,100.00	72,600.00
5	box	1	Anti-HIV	16,000.00	16,000.00
6	bottle	3	Deproteinizer	8,700.00	26,100.00
7	bottle	3	ERMA IFS	19,800.00	59,400.00
8	box	3	Activated Partial Thromboplastin Time Reagent Kit Clotting (APTT)	14,850.00	44,550.00
9	box	3	Prothrombin Time Reagent Kit Clotting (PT)	16,320.00	48,960.00
10	box	3	FT3 FIA x 25s	12,950.00	38,850.00
11	box	4	FT4 FIA x 25s	12,950.00	51,800.00
12	box	1	CRP FIA w/ Buffer x 25s	15,150.00	15,150.00
13	box	5	HBAIC FIA x 25s	10,780.00	53,900.00
14	box	2	Urine Strips x 100s, 10 parameters	1,437.50	2,875.00



Total Amount Seven Hundred Six Thousand Five Hundred Twelve Pesos & 00/100 **Php** 706,512.00

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:

[Signature]
Gcmed Pharmaceutical Distributor
(Signature over printed Name)
12-18-24
(Date)

[Signature]
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: _____