



Republic of the Philippines
PROVINCE OF ISABELA

PURCHASE ORDER

P.A. NO: 273
DATE: _____
BY: _____

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

P.O. No. : 24-12-00189
Date : December 23, 2024

Gentlemen:

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

Place of Delivery : PGSO (Milagros Albano 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	5	LYA-1 Lyse, 200ml	21,100.00	105,500.00
2	bottle	5	LYA-2 Lyse, 500ml	24,000.00	120,000.00
3	box	10	DIL-C 20 liters	31,000.00	310,000.00
4	pack	5	HBAIC FIA x 25s	10,780.00	53,900.00
5	box	5	Solution pAck (ISEPAK)	38,250.00	191,250.00
6	box	5	HBSAG x 30s	2,472.50	12,362.50
7	box	2	Fecal Occult Blood (FOBT) 50s	15,229.45	30,458.90
8	box	1	Cholesterol 65ml x 6s - 1300 test	123,197.00	123,197.00
9	set	1	Hematology Control (Low Normal, High)	38,500.00	38,500.00
10	roll	100	Electrolyte Thermal Paper	40.00	4,000.00



Total Amount Nine Hundred Eighty Nine Thousand One Hundred Sixty Eight Pesos & 40/100 Php **989,168.40**

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)
12-27-24
(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: _____