



Republic of the Philippines  
PROVINCE OF ISABELA

**PURCHASE ORDER**

P.A. NO: 2018  
DATE: \_\_\_\_\_  
BY: \_\_\_\_\_

**Pharmaceutical Distributor**

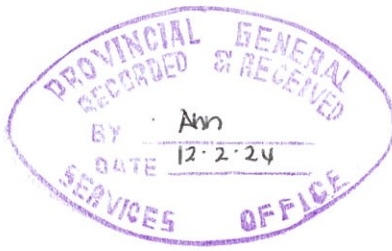
P.O. No. : 24-11-10171  
Date : December 2, 2024

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

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

Delivery : PGSO (Echague District Hospital) Delivery Term : \_\_\_\_\_ Charge \_\_\_\_\_  
Delivery : Seven (7) days after receipt of P.O. Payment Term: \_\_\_\_\_ Check \_\_\_\_\_

| No. | Unit  | Quantity | Description   |           | Amount    |
|-----|-------|----------|---|-----------|-----------|
| 1   | tray  | 20       | Blood Collecting Tube Lavander Top 2ml x 100s             | 1,320.00  | 26,400.00 |
| 2   | vial  | 4        | LISS  | 1,500.00  | 6,000.00  |
| 3   | set   | 1        | Hematology Control BC5D                                   | 38,500.00 | 38,500.00 |
| 4   | piece | 1000     | Urine Container Plastic w/ Cover                          | 14.28     | 14,280.00 |
| 5   | tray  | 10       | Blood Collecting Tube Yellow Top 4ml x 100s               | 1,320.00  | 13,200.00 |
| 6   | tray  | 10       | Blood Collecting Tube Lavander Top EDTA Microtainer 0.5ml | 1,320.00  | 13,200.00 |
| 7   | box   | 2        | HBAIC FIA x 25s   | 10,780.00 | 21,560.00 |



**Total Amount** One Hundred Thirty Three Thousand One Hundred Forty Pesos & 00/100 Php / 133,140.00

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: \_\_\_\_\_