



Republic of the Philippines
PROVINCE OF ISABELA

P.A. NO. 2994
DATE: _____
BY: _____

PURCHASE ORDER

Gmed Pharmaceutical Distributor

P.O. No. : 24-12-MO178

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

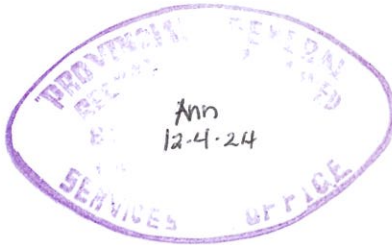
Date : December 4, 2024

Item:

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

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

Item No.	Unit	Quantity	Description		Amount
1	gallon	3	Activated Glutaraldehyde Solution w/ Activator	2,938.88	8,816.64
2	piece	500	IV Cannula ga.24	48.68	24,340.00
3	piece	500	IV Cannula ga.22	46.08	23,040.00
4	piece	500	IV Cannula ga.24	48.68	24,340.00
5	piece	200	Soluset 120ml	221.88	44,376.00
6	piece	500	Heplock In Stopper	23.78	11,890.00
7	piece	10	Pulse Oximeter Adult	300.00	3,000.00
8	roll	21	ECG Paper 80mm x 20meters	169.51	3,559.71
9	box	2	Wee Bag/Pediatric Urine	698.88	1,397.76
10	box	6	Silk Suture 2/0 w/ 35-40mm (cutting needle)	598.88	3,593.28
11	box	6	Silk Suture 2/0 w/ 35-40mm (round needle)	598.88	3,593.28
12	box	12	Hypo Allergenic Tape 1" x 12s	123.88	1,486.56



Total Amount One Hundred Fifty Three Thousand Four Hundred Thirty Three Pesos & 23/100 Php **153,433.23**

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: _____
 Gmed Pharmaceutical Distributor
 (Signature over printed Name)

 12-09-24
 (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: _____