



Republic of the Philippines
PROVINCE OF ISABELA

PURCHASE ORDER

P.A. NO. 2787

DATE:

BY:

Gcmed Pharmaceutical Distributor

P.O. No. : 24-12 - M0181

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

Date : December 5, 2024

Attention:

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

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

Item No.	Unit	Quantity	Description		Amount
1	box	1	Albumin	41,320.00	41,320.00
2	box	1	Magnesium	21,100.00	21,100.00
3	box	1	Phosphorous	23,050.00	23,050.00
4	box	2	Dutch Cal M, 3ml x 6s (Multicalibrator)	30,899.00	61,798.00
5	box	2	Dutch Trol N, 5ml x 10s (Control Normal)	45,000.00	90,000.00
6	box	2	Dutch Trol P, 5ml x 10s (Control Pathologic)	45,000.00	90,000.00
7	box	3	Troponin I (Trop I/Ctnl) FIA x 25s	19,180.00	57,540.00
8	box	3	CK-MB FIA x 25s	16,000.00	48,000.00
9	bottle	15	Oral Glucose Tolerance Test (OGTT) 75g	415.00	6,225.00
10	box	5	HBSAG x 30s	2,472.50	12,362.50
11	box	2	Detergent H 1000ml	26,999.00	53,998.00
12	box	1	Glucose 65ml x 6s - 1300 tests	111,220.00	111,220.00
13	box	1	Triglycerides 65ml x 6s - 1300 tests	223,500.00	223,500.00
14	bottle	1	A1 Flush (Alkflush) 1000ml	29,848.00	29,848.00



Total Amount Eight Hundred Sixty Nine Thousand Nine Hundred Sixty One Pesos & 50/100 Php **869,961.50**

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)
 12-09-24
 (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: _____