



Republic of the Philippines
PROVINCE OF ISABELA

P.A. NO: 2857
DATE: _____
BY: _____

PURCHASE ORDER

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

P.O. No. : 24 - 12 - 40204
Date : December 12, 2024

Gentlemen:

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

Place of Delivery : PGSO (San Mariano Community 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	pack	6	Hematology Analyzer Diluent DIL C	31,000.00	186,000.00
2	box	5	Dengue IgG/IgM (Abbott)	13,789.00	68,945.00
3	box	1	HBSAG (Abbott)	2,472.50	2,472.50
4	piece	500	Urine Container	14.28	7,140.00
5	piece	500	Fecalalysis Container	16.00	8,000.00
6	tray	10	Red Top Tube	1,320.00	13,200.00
7	tray	10	EDTA Lavander Tube	1,320.00	13,200.00
					298,957.50
					32,076.16
					266,926.34



Total Amount Two Hundred Ninety Eight Thousand Nine Hundred Fifty Seven Pesos & 50/100 **Php** / **298,957.50**

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)
12-12-24
(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: _____