



Republic of the Philippines  
PROVINCE OF ISABELA

**PURCHASE ORDER**

P.A. NO: 2962  
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-M0206  
Date : December 13, 2024

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

Place of Delivery : PGSO (Echague 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	box	6	DF5 Diluent/Detergent 20L	36,300.00	217,800.00
2	bottle	2	DF5 Lyse EO I, 1000ml	24,000.00	48,000.00
3	box	4	Dengue NS1 x 10s	13,300.00	53,200.00
4	vial	2	LISS	1,500.00	3,000.00
5	tray	5	Blood Collecting Tube Lavander Top EDTA Microtainer 0.5ml x 100s	1,320.00	6,600.00
					328,600.00 35,207.14 293,392.86

**Total Amount** Three Hundred Twenty Eight Thousand Six Hundred Pesos & 00/100 Php 328,600.00

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,

Conforme: \_\_\_\_\_  
Gcmed Pharmaceutical Distributor  
(Signature over printed Name)  
\_\_\_\_\_  
(Date)

**RODOLFO T. ALBANO III**  
Governor

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: \_\_\_\_\_