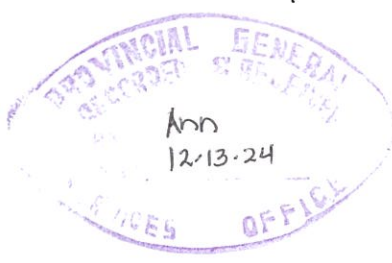# PURCHASE ORDER

P.A. NO: _2867_
DATE: _____

er : **Gcmed Pharmaceutical Distributor**

ddress : **Legend Mansion Condominium, 212 San Juan St., Brgy. 37, 1300 Pasay City N**

P.O. No. : 24-12-M0208
Date : December 13, 2024

Gentlemen:

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	piece	10	Pulse Oximeter Adult	300.00	3,000.00
2	box	2	Wee Bag/Pediatric Urine	698.88	1,397.76
3	roll	21	ECG Paper 80mm x 20m	169.51	3,559.71
4	piece	300	Alcohol 70%, 500ml Isoprophyl	128.88	38,664.00
5	box	5	X-ray Envelope 10x12x100s	699.38	3,496.90
6	box	2	X-ray Envelope 14x17x100s	960.34	1,920.68
7	box	2	X-ray Film 14x17x100s	9,082.63	18,165.26
8	box	3	X-ray Envelope 14x14x100s	861.68	2,585.04
9	piece	10	BP Cuff Adult w/ Inflation Bag Control Bag and Rubber Bulb	898.88	8,988.80

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12-13-24

81,778.15
8,761.94
73,016.21

Total Amount	*Eighty One Thousand Seven Hundred Seventy Eight Pesos & 15/00*	Php 81,778.15

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)
12-16-24
(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: _____