



Republic of the Philippines
PROVINCE OF ISABELA

P.A. NO: 2870
DATE: _____
BY: _____

PURCHASE ORDER

Supplier: Gcmed Pharmaceutical Distributor

P.O. No. : 24-12-140211

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

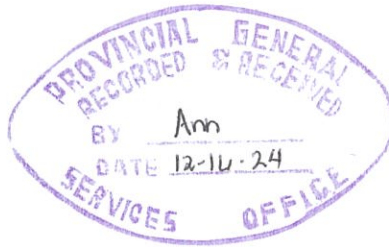
Date : December 16, 2024

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	piece	10	Asepto Syringe w/ Bulb	79.78	797.80
2	piece	50	Foley Bag Catheter Fr.16	69.78	3,489.00
3	piece	100	Thermometer Digital (Clinical) Oral	148.88	14,888.00
4	piece	25	Suction Catheter Fr.16	14.88	372.00
5	piece	25	Suction Catheter Fr.12	14.88	372.00
6	piece	25	Suction Catheter Fr.14	14.88	372.00
7	bottle	100	Alcohol 70% 500ml Isoprophyl	128.88	12,888.00
8	box	50	Surgical Gloves 6 1/2 x 50s Sterile	1,698.88	84,944.00
9	box	50	Disposable Syringe w/ Needle 3ml x 100s	439.33	21,966.50



140,089.36
15,069.57
125,029.73

Total Amount One Hundred Forty Thousand Eighty Nine Pesos & 30/100 Php 140,089.30

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:

[Signature]
Gcmed Pharmaceutical Distributor
(Signature over printed Name)
12-16-24
(Date)

[Signature]
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: _____