



Republic of the Philippines
PROVINCE OF ISABELA

PURCHASE ORDER

P.A. NO. 2871
DATE: _____
BY: _____

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

P.O. No. : 24-12-10212
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	bottle	5	Hematology Analyzer Lyse LYC 2'	31,100.00	155,500.00
2	pack	3	Hematology Analyzer Diluent DIL C	31,000.00	93,000.00
3	box	1	Dutch Cal M, 3mix6s (Multicalibrator)	30,899.00	30,899.00
4	box	1	Dutch Trol N, 5mix6s (Control-Normal)	45,000.00	45,000.00
5	box	1	Dutch Trol P, 5mix6s (Control-Pathologic)	45,000.00	45,000.00
6	set	1	GA Sample Cups	14,259.00	14,259.00
7	tray	10	Food Collecting Tube Lavander Top 3ml	1,320.00	13,200.00
8	piece	500	Urine Cup	14.28	7,140.00
					403,998.00
					43,285.50
					360,712.50



Total Amount Four Hundred Three Thousand Nine Hundred Ninety Eight Pesos & 00/100 **Php** 403,998.00

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,

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: _____