

Republic of the Philippines PROVINCE OF ISABELA

PURCHASE ORDER

plier:	Gcmed	Pharmaceutical	Distributor

P.O. No. : 24-02 - 00027

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/	 -1 88	_:	0	 	242	Can	Luca	C4	Dra

: Folotuary 15, 2024

ddress:	Legend Mansion	Condominium,	212 San	Juan St.,	, Brgy. 37,	1300 Pasay	City No

Date

Please furni	sh this office	the following articles subject to the	terms and conditions contain	ned herein:			
		CHURYAN DISTRICT HOSPITAL	Delivery Term :		Charge	harge heck	
Date of Delivery:) days after receipt of P.O.	Payment Term:				
Item No. Unit	Quantity	Description	on		Amo	ount	
1 tablet	1400	Co-Amoxiclav 624mg		18.88		26,432.00	
		Ann 2-15-24					
Total Amount		Twenty Six Thousand Four Hui	ndred Thirty Two Pesos Or	nly	Php	26,432.00	
In case percent for every of		make the full delivery within the time shall be imposed.	e specified above, a penalty Very truly yours				
				RODOL	FO T. ALBA		
Conforme:		Pharmaceutical Distributor ture over printed Name) ろいいとは (Date)			Governor	8	
In case of pagetin	tod nurchas	e pursuant to Section 369 (a) of RA	7160 this partian must be a	ccomplished)			
		solution No.:					
Certified Correct:			Date:				