



Republic of the Philippines
 PROVINCE OF ISABELA
PURCHASE ORDER

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

P.O. No. : 24-02 - 140008
 Date : February 7, 2024

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

Place of Delivery : **PGSO** 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	500	Infusion Set Pedia	27.40	13,700.00	
2	gallon	1	KT Diluent	32,000.00	32,000.00	
3	piece	12	Oxygen Mask Adult	101.90	1,222.80	
4	piece	100	Nebulizing Kit	109.90	10,990.00	
5	box	2	Disposable Syringe w/ Needle 100ml x 100's	568.18	1,136.36	
6	box	20	Disposable Syringe w/ Needle 3ml x 100's	439.35	8,787.00	
7	box	50	Disposable Syringe w/ Needle 1ml x 100's	439.65	21,982.50	
8	piece	100	Oxygen Mask Adult	101.90	10,190.00	
9	piece	50	Oxygen Mask Pedia	101.90	5,095.00	
10	gallon	2	Povidone Iodine 10%	1,337.90	2,675.80	
11	gallon	2	Povidone Iodine 7.5%	1,371.65	2,743.30	
12	box	50	Surgical Gloves 6 x 50's	1,698.90	84,945.00	
13	box	50	Surgical Gloves 7 x 50's	1,698.90	84,945.00	
14	box	50	Surgical Gloves 6.5 x 50's	1,698.90	84,945.00	
15	tank	9	Oxygen Tank Big	11,325.00	101,925.00	
16	piece	50	Urine Bag w/ Connecting Tube, 2 liters	55.40	2,770.00	
17	box	1	X-Ray Film 11 x 14	6,728.90	6,728.90	
18	box	5	X-Ray Envelope 14 x 17	960.36	4,801.80	
19	box	5	X-Ray Envelope 11 x 14	739.65	3,698.25	
20	piece	2	Wheelchair Adult	6,350.00	12,700.00	
Total Amount				Four Hundred Ninety Seven Thousand Nine Hundred Eighty One Pesos & 71/100	Php	497,981.71



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)

 3-1-24
 (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: _____