



Republic of the Philippines  
PROVINCE OF ISABELA

**PURCHASE ORDER**

Supplier : Gcmed Pharmaceutical Distributor

P.O. No. : 24-02-M0015

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

Date : February 8, 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	box	2	HDL - Direct (Cholesterol) 60ml x 4's / 20ml x 4's 1000 test	170,724.00	341,448.00
2	set	1	Control Level N & P	28,392.00	28,392.00
3	box	1	Fecal Occult Blood (FOBT) 50's	15,229.45	15,229.45
4	pack	2	HBAIC FIA x 25's	10,780.00	21,560.00
5	pack	1	Micropipettor Tips, Blue x 500's	718.90	718.90
6	box	2	Troponin I (Ctnl) FIA x 25's	19,180.00	38,360.00
7	box	1	Activated Partial Thromboplastin Time Reagent Kit	14,850.00	14,850.00
8	box	1	DF5 Diluent, 20 liters	36,300.00	36,300.00
9	box	2	Cholesterol, 65ml x 6's 1300 test	123,197.00	246,394.00
10	box	2	Creatinine, 65ml x 6's / 13ml x 6's 1500 test	101,500.00	203,000.00



**Total Amount** Nine Hundred Forty Six Thousand Two Hundred Fifty Two Pesos and 35/100 Only **Php 946,252.35**

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:

Gcmed Pharmaceutical Distributor  
(Signature over printed Name)  
2-29-24  
(Date)

**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: \_\_\_\_\_