



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 - MODLG
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	bottle	9	DF5 Lyse HGB, 500ml	23,500.00	211,500.00
2	box	1	Solution Pack (ISEPack)	38,250.00	38,250.00
3	box	55	Blood Glucose strips	2,900.00	159,500.00
4	box	4	Dengue NS1 x 10's	13,300.00	53,200.00
5	box	8	FT4 FIA x 25's	12,950.00	103,600.00
6	box	4	RPR/Syphilis x 30's	5,083.00	20,332.00
7	box	9	TSH FIA x 25's	13,179.00	118,611.00
8	box	1	HIV Kit x 30's	10,735.00	10,735.00
9	set	1	Hematology Control BC5D	38,500.00	38,500.00
10	box	2	Glucose, 65ml x 6's, 1300 test	111,220.00	222,440.00



Total Amount Nine Hundred Seventy Six Thousand Six Hundred Sixty Eight Pesos Only **Php 976,668.00**

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,

Conforme:

[Signature]
Gcmed Pharmaceutical Distributor
(Signature over printed Name)
2-29-24
(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: _____