



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. : **24-02-40019**
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	pack	4	HBAIC FIA x 25's	10,780.00	43,120.00
2	box	2	HCG (U/S) Urine Serum	2,018.25	4,036.50
3	box	1	Troponin I (Ctnl) FIA x 25's	19,180.00	19,180.00
4	box	6	Cover Slip 22 x 22 x 100's	495.00	2,970.00
5	tray	10	Blood Collecting Tube Lavander Top EDTA Microtainer	1,320.00	13,200.00
6	pack	1	Micropipettor Tips, Yellow x 1000's	718.90	718.90
7	piece	1000	Urine Container Plastic w/ Cover	14.28	14,280.00
8	box	20	Urine Strips x 100's, 4 parameters	653.25	13,065.00
9	piece	10	Torniquet	16.50	165.00
10	box	13	Blood Glucose Strips	2,900.00	37,700.00
11	box	4	Salmonella Typhidot (Detection Reagents)	13,360.00	53,440.00
12	piece	1500	Urine Container Plastic w/ Cover	14.28	21,420.00
13	box	1	HDL-Direct (Cholesterol) 60ml x 4's / 20ml x 4's 1000 tests	170,724.00	170,724.00
14	box	1	Urine Acid (BUA) 65ml x 6's 1300 tests	131,445.00	131,445.00
15	box	1	Solution Pack (ISEPack)	38,250.00	38,250.00
16	bottle	2	Deproteinizer	8,700.00	17,400.00
17	set	1	Control Level N & P	28,392.00	28,392.00
18	bottle	4	Detergent H, 1000ml	26,999.00	107,996.00
19	box	6	Urine Strips x 100's, 4 parameters	653.25	3,919.50
20	box	6	Blood Glucose Strips	2,900.00	17,400.00
21	bottle	4	DF5 Lyse EO-I, 1000ml	23,200.00	92,800.00
22	bottle	5	DF5 Lyse EO-II, 200ml	24,000.00	120,000.00



Total Amount **Nine Hundred Fifty One Thousand Six Hundred Twenty One Pesos and 90/100 Only** **Php 951,621.90**

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)
3-1-24
(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: _____