



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. : 24-02-40027D  
Date : February 26, 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	Creatinine, 65ml x 6s / 13ml s 6s - 1500 test	101,500.00	203,000.00
2	box	1	Glucose, 65ml x 6s - 1300 test	111,220.00	111,220.00
3	box	2	HDL - Direct (Cholesterol) 60ml x 4s / 20ml x 4s - 1000 test	170,724.00	341,448.00
4	box	1	Urea UV (BUN), 65ml x 6s / 20ml x 6s - 1500 test	171,385.00	171,385.00
5	box	1	Uric Acid (BUA), 65ml x 6s - 1300 test	131,445.00	131,445.00
6	box	1	LYA-2 Lyse, 500ml	24,000.00	24,000.00
<b>Total Amount</b>			<b>Nine Hundred Eighty Two Thosand Four Hundred Ninety Eight Pesos &amp; 00/100</b>	<b>Php</b>	<b>982,498.00</b>



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)  
4-22-24  
(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: \_\_\_\_\_