



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. : 24-02-40027E
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	1	HDL-Direct (Cholesterol) 60ml x 4s / 20ml x 4s - 1000 test	170,724.00	170,724.00
2	box	1	Triglycerides 65ml x 6s - 1300 test	223,500.00	223,500.00
3	box	1	Uric Acid (BUA) 65ml x 6s - 1300 test	131,445.00	131,445.00
4	pack	6	Dil-A, 20 liters	29,750.00	178,500.00
5	bottle	4	LYA-1 Lyse, 200ml	21,100.00	84,400.00
6	bottle	4	LYA-2 Lyse, 500ml	24,000.00	96,000.00
7	bottle	4	LYA-3 Lyse, 1000ml	24,000.00	96,000.00



Total Amount Nine Hundred Eighty Thousand Five Hundred Sixty Nine Pesos & 00/100 Php **980,569.00**

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,

RODOLFO T. ALBANO III
Governor

Conforme: _____
Gcmed Pharmaceutical Distributor
(Signature over printed Name)
4-22-24
(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: _____