



Republic of the Philippines
PROVINCE OF ISABELA

PURCHASE ORDER

Gcmed Pharmaceutical Distributor

P.O. No. : 24-02-40027C

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

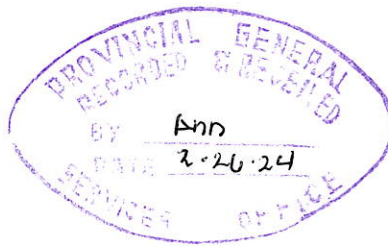
Date : February 26, 2024

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	piece	500	Bloodbag Single Bag	260.00	130,000.00
2	piece	80	Bloodbag Triple Bag	1,450.00	116,000.00
3	bottle	15	Blood Typing Sera Anti-A 10ml	1,883.00	28,245.00
4	bottle	15	Blood Typing Sera Anti-B 10ml	1,830.00	27,450.00
5	bottle	15	Blood Typing Sera Anti-D 10ml	1,667.50	25,012.50
6	box	1	HbSAG x 30s	2,472.50	2,472.50
7	box	4	HBsAg, Elisa, Autobio/Intec, 96s	21,095.00	84,380.00
8	box	4	HCV, Elisa Autobio/Intec 96s	10,077.98	40,311.92
9	box	7	HIV, Elisa Autobio/Intec 96s	23,850.00	166,950.00
10	bottle	10	Anti Human Globulin (AHG)	1,437.50	14,375.00
11	bottle	8	LISS	1,500.00	12,000.00



Total Amount Six Hundred Forty Seven Thousand One Hundred Ninety Six Pesos & 00/100 Php **647,196.92**

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: _____