



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 -M0027 K
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	50	Oxygen Cannula, Adult	51.95	2,597.50
2	piece	50	Oxygen Mask, Neonate	101.95	5,097.50
3	gallon	8	Povidone Iodine 7.5% (Cleanser)	1,371.70	10,973.60
4	box	3	Razor Blade, Green x 100s	2,399.85	7,199.55
5	piece	800	Suction Catheter Fr.8	14.95	11,960.00
6	piece	60	Suction Poole Drain	433.95	26,037.00
7	roll	40	Surgical Rolled Gauze 24 x 28 mesk x 36" x 100 yards	1,577.95	63,118.00
8	piece	200	Urine Bag w/ Connecting Tube, 2 liters	55.45	11,090.00
9	piece	1200	Urine Container Plastic w/ Cover	14.28	17,136.00
10	piece	5	Cautery Pad	950.00	4,750.00
11	piece	50	Nasogastric Tube Fr.16 (Silicone)	366.95	18,347.50



Total Amount One Hundred Seventy Eight Thousand Three Hundred Six Pesos & 65/100 **Php** 178,306.65

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: _____