



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. : **24-03-40028 F**  
Date : **March 6, 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	Dil-A 20 liters	29,750.00	119,000.00
2	box	1	HGC Pregnancy Test x 50s	1,160.00	1,160.00



**Total Amount** **One Hundred Twenty Thousand One Hundred Sixty Pesos & 00/100** **Php 120,160.00**

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)  
\_\_\_\_\_ **4.8.24**  
(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: \_\_\_\_\_