



Republic of the Philippines
PROVINCE OF ISABELA

PURCHASE ORDER

P.A. NO.:
DATE:
BY:

Gcmed Pharmaceutical Distributor

P.O. No. : 24-08-D0112A

Date : August 17, 2024

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

Gentlemen:

Please furnish this office the following articles subject to the terms and conditions contained herein:

Place of Delivery : **PGSO - GFNDMT** Delivery Term : Charge
Date of Delivery : **Seven (7) days after receipt of P.O.** Payment Term: Check

Item No.	Unit	Quantity	Description		Amount
1	bottle	6	Sevoflurane 250ml	10,999.83	65,998.98
2	bottle	72	Zinc Sulfate syrup 60ml	69.82	5,027.04
3	tablet	300	Eperisone 50mg tablet	37.83	11,349.00
4	capsule	5000	Ferrous Salt + Folic Acid 60mg/400mcg capsule	0.73	3,650.00
<div data-bbox="609 711 993 953"><p>PROVINCIAL GENERAL RECORDED & RECEIVED BY Ann DATE 8.17.24 SERVICES OFFICE</p></div> <div data-bbox="630 1171 738 1234"><p>FOR SI</p></div> <div data-bbox="831 1230 1122 1367"><p>GENERAL FUND</p></div>					
Total Amount		Eighty Six Thousand Twenty Five Pesos & 02/100			Php 86,025.02

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)

10-08-24
(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: _____