



Republic of the Philippines
PROVINCE OF ISABELA

P.A. NO: 1754
DATE: _____
BY: _____

PURCHASE ORDER

Supplier: **Gcmed Pharmaceutical Distributor**

P.O. No. : 24-08-M0080

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

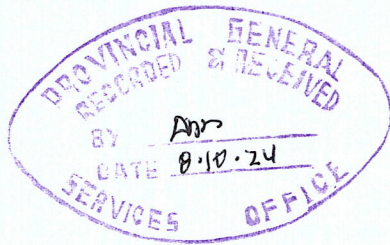
Date : August 10, 2024

Gentlemen:

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

Place of Delivery : PGSO - Cauayan District Hospital 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	Foley Bag Catheter Fr.16	69.80	34,900.00
2	piece	60	Nasogastric Tube Fr.16 (Silicone)	366.90	22,014.00
3	dozen	7	Silk Suture 2/0 w/ 35-40mm Needle, Cutting	598.90	4,192.30
4	piece	4	Fetal Doppler	7,325.00	29,300.00



Total Amount Ninety Thousand Four Hundred Six & 30/100 Php **90,406.30**

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:

[Signature]
Gcmed Pharmaceutical Distributor
(Signature over printed Name)
09-27-24
(Date)

[Signature]
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: _____