

P.A. NO: 1760
 DATE: _____
 BY: _____



Republic of the Philippines
 PROVINCE OF ISABELA

PURCHASE ORDER

Supplier: Gcmed Pharmaceutical Distributor

P.O. No. : 24-DB-M0090

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

Date : August 12, 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	box	299	Disposable Syringe w/ Needle 3ml x 100's	439.35	131,365.65
2	piece	700	Oxygen Cannula, Adult	51.90	36,330.00



Total Amount **One Hundred Sixty Seven Thousand Six Hundred Ninety Five Pesos & 65/100** **Php 167,695.65**

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,

RODOLFO T. ALBANO III
 Governor

Conforme:

 Gcmed Pharmaceutical Distributor
 (Signature over printed Name)

 08-27-24
 (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: _____