



Republic of the Philippines
PROVINCE OF ISABELA

PURCHASE ORDER

DATE: _____
BY: _____

Authorized Pharmaceutical Distributor

P.O. No. : 24-08-40092E

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

Date : August 19, 2024

men:

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

Mode 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	bot	2	Cleanser (CLE) 50ml	13,000.00	26,000.00
2	box	6	DF5 Diluent 20liters	36,300.00	217,800.00
3	box	2	CRP FIA w/ Buffer x 25s	15,150.00	30,300.00
4	box	1	HCG Pregnancy Test x 50s	1,160.00	1,160.00
5	box	3	Troponin I (Trop I/Ctni) FIA x 25s	19,180.00	57,540.00
6	bot	6	Oral Glucose Tolerance Test (OGTT) 75g	415.00	2,490.00
7	box	2	Activated Partial Thromboplastin Time Reagent Kit	14,850.00	29,700.00
8	box	2	Prothrombin Time Reagent Kit	16,320.00	32,640.00
9	box	1	Urine Strips x 100s, 10 Parameters	2,850.00	2,850.00
					
Total Amount		Four Hundred Thousand Four Hundred Eighty Pesos & 00/100			Php 400,480.00

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)

10-08-24
(Date)

In case of negotiated purchase pursuant to Section 369 (a) of RA 7160, this portion must be accomplished).
Approved per Sanggunian Resolution No.: _____

Date: _____