



Republic of the Philippines
PROVINCE OF ISABELA

PURCHASE ORDER

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

Gcmed Pharmaceutical Distributor

P.O. No. : 24-09-D0124


Date : September 12, 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 Delivery Term : _____ Charge _____
Date of Delivery : Seven (7) days after receipt of P.O. Payment Term: _____ Check _____


Item No.	Unit	Quantity	Description		Amount
1	vial	300	Vaccine, Vero Cell (purified) 2.5IU/0.5ml vial + diluent	1,679.84	503,952.00
					
Total Amount			Five Hundred Three Thousand Nine Hundred Fifty Two Pesos & 00/100		Php 503,952.00

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)

11-08-24
(Date)