

## Republic of the Philippines PROVINCE OF ISABELA

## **PURCHASE ORDER**

P.A.	NO:_

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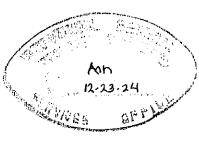
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,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Name and Address of the Owner, where the Publisher, and

cmed Pharmaceutical Distributor				
Legend Mansion Condominium, 212 San J	Juan St.,	Brgy. 37	, 1300 Pasa)	City NCR,
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P.O. No. : 24-12 - Do193

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Ple	ease furnis	h this office	the following articles subject to the	e terms and conditions conta	ined herein:	
ce of Delivery : PGSO (GFNDMH)			Delivery Term :		harge	
			7) days after receipt of P.O. Payment Term:		Check	
m No.	Unit	Quantity		ion		Amount
1	vial		/accine Vero Cell (Purified) 2.5IU/0.5ml vial+diluent		1,679.84	960,868.48



Nine Hundred Sixty Thousand Eight Hundred Sixty Eight Pesos & 48/100 **Total Amount** 

Php

960,868.48

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)
•	(Date)

Governor

In case of negotiated purchase pursuant to Section 369 (a) of RA 71 Approved per Sanggunian Resolution No.:	60, this portion must be accomplished).
Certified Correct:	Date: