



Republic of the Philippines
PROVINCE OF ISABELA

PURCHASE ORDER

P.A. NO: 5046
DATE: _____
BY: _____

Gcmed Pharmaceutical Distributor

P.O. No. : 24-12-140185
Date : December 9, 2024

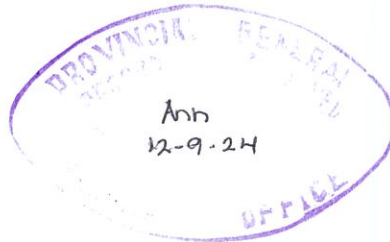
Address : **Legend Mansion Condominium, 212 San Juan St., Brgy. 37, 1300 Pasay City N**

Itemen:

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

Place of Delivery : **PGSO (GFNDMH)** 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	1000	Disposable Face Mask, (KN95)	24.81	24,810.00
2	box	100	Disposable Syringe (Insulin) w/ needle ga 29 x 1/2 x 1ml x 100s	1,403.83	140,383.00
3	box	200	Hypo-Allergenic Tape, 1" x 12s	1,238.88	247,776.00
4	piece	100	Scrub Brush w/ 10% Povidone Iodine	102.43	10,243.00
5	piece	100	Operating Room Gown Long Sleeve	1,156.88	115,688.00
6	piece	100	Operating RoomTowel, Green	759.65	75,965.00
7	pack	800	Surgical Sponges 4" x 4" x 100s, Unsterile	253.88	203,104.00
8	box	200	Disposable Face Mask x 50s, Earloop	149.85	29,970.00



Total Amount **Eight Hundred Forty Seven Thousand Nine Hundred Thirty Nine Pesos & 00/100** **Php 847,939.00**

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)
12-18-24
(Date)

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