



Republic of the Philippines
PROVINCE OF ISABELA

PURCHASE ORDER

P.A. NO: 2884
DATE: _____
BY: _____

Supplier: **Gcmed Pharmaceutical Distributor**

P.O. No. : 24-12-MO193


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

Date : December 10, 2024

Gentlemen:

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	box	100	Examination Gloves Small	628.38	62,838.00
2	box	150	Examination Gloves Medium	628.38	94,257.00
3	box	150	Examination Gloves Large	628.38	94,257.00
4	box	150	Surgical Gloves 7.0 x 50s sterile	1,698.88	254,832.00
5	box	150	Hypo Allergenic Tape 1" x 12s	1,238.88	185,832.00
6	roll	30	Ultrasound Thermal Paper Type II 110mm x 20 meters	1,639.88	49,196.40
7	box	10	X-ray Film 14 x 14 x 100s Green Sensitivity	7,199.85	71,998.50
8	box	10	X-ray Film 14 x 17 x 100s Green Sensitivity	9,082.65	90,826.50
9	pack	50	Abdominal Pack 12: x 12" x 10s	1,498.88	74,944.00
10	gallon	4	Automatic X-ray Film Developer	5,214.90	20,859.60
					
Total Amount		<u>Nine Hundred Ninety Nine Thousand Eight Hundred Forty One Pesos & 00/100</u>			Php 999,841.00

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,

Conforme:

Gcmed Pharmaceutical Distributor
(Signature over printed Name)
12-13-24
(Date)


RODOLFO T. ALBANO III
Governor

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: _____