



Republic of the Philippines
PROVINCE OF ISABELA

P.A. NO: 2850
DATE: _____
BY: _____

PURCHASE ORDER

Gcmed Pharmaceutical Distributor

P.O. No. : 24-12-M0205

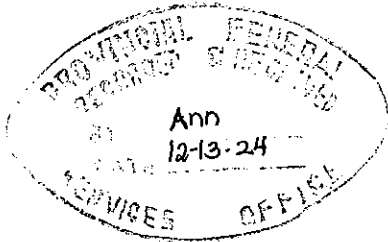
Address: Legend Mansion Condominium, 212 San Juan St., Brgy. 37, 1300 Pasay City N

Date : December 13, 2024

Item:

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

Place of Delivery : PGSO (Milagros Albano District Hospital) 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	3	HDL Direct (Cholesterol) 60ml x 4s/20ml x 4s 1000 test	170,724.00	512,172.00
					
					512,172.00 54,875.57 457,296.43


Total Amount **Five Hundred Twelve Thousand One Hundred Seventy Two Pesos & 00/100** **Php 512,172.00**

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)
12-13-24
(Date)

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

Certified Correct: _____ Date: _____