

Republic of the Philippines PROVINCE OF ISABELA

| 1 | Tan S | PUL | KCH. | ASE | UKUI |
|---|-------|-----|------|-----|------|
| | | | | | |

| Supplier : | Gcmed Pharmaceutical Distributor |
|------------|----------------------------------|
| | |

Address: Lot 2 Blk 19, Villa Christine Royalle, San Miguel, Pasig City

| D.A. | NIC- | 7211 | |
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P.O. No. : 21 · 10 · HO 129

Date : October 15, 2021

| G | en | ŧi | er | n | e | n | |
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| | | | | | | | |

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

Place of Delivery:

Delivery Term:

Charge

Payment Term:

Check

| Date of Del | | THE RESERVE OF THE PERSON NAMED IN COLUMN 2 IS NOT THE PERSON NAME | days after receipt of P.O. Payme Description | Unit Cost | Amount |
|-------------|--------|--|---|--|-------------|
| tem No. | Unit | Quantity | | 589.85 | 58,985.00 |
| | rolls | 100 | Autoclave Steam Indicator 1" Ann jo-15 - 21 | 589.63 | 36,763.00 |
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| | | | | | |
| TC-4-I | Amount | | Fifty Eight Thousand Nine Hundred Eighty Five | Pesos 00/100 | Php 58,985. |

Total Amount In case of fail lure 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 Provincial Governor

| 0 | Commo | |
|-----|--------|--|
| Con | forme: | |

cmed Pharmaceutical Distributor

Signature over printed Name

(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: