

Certified Correct: __

Republic of the Philippines

PURCHASE ORDER					P.O. No.: 21-10 - HO 130		
Plier: Gcmed Pharmaceutical Distributor Iress: Lot 2 Blk 19, Villa Christine Royalle, San Miguel, Pasig City					Date: October 15, 2021		
		9, VIIIa Chris	stine Royalle, Sali langues, r dolg Si				
entleme	n: lease furnis	th this office	the following articles subject to the te	erms and conditions co	ontained herei	1:	
ce of De		PGSO	Dalizar		Term: Charge		
		seven (7) days after receipt of P.O.		Payment Term:	Check		
m No.	Unit	Quantity	Description	- I	Init Cost	Amo	unt 89,750.0
400	box	100	Surgical Gloves 7.0" x 50's, Sterile		1,897.50	,	.05,750.0
				#nn 10-15-21			
Total	Amount	One	e Hundred Eighty Nine Thousand Seve	en Hundred Fifty Pesos	: 00/100	Php	189,750
	In case of for every day	ail lure to ma	the the full delivery within the time specific be imposed.	ecified above, a pena Very truly yours	ty of one-tentr	(1/10) of one	NO III DA
	-	Gcme	d Pharmaceutical Distributor gnature over printed Name				All .
		31	Summer of the branch of the				

Date: ___