



Republic of the Philippines
PROVINCE OF ISABELA

PURCHASE ORDER

P.O. No.: 21-10-40126

Date: October 15, 2021

Supplier: Gcmcd Pharmaceutical Distributor

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

Gentlemen:

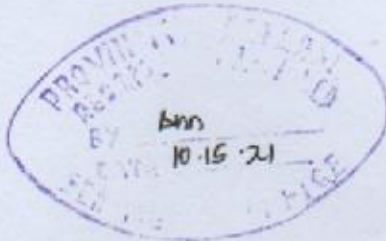
Please furnish this office the following articles subject to the terms and conditions contained herein:

Place of Delivery: PGSO

Delivery Term: Charge

Date of Delivery: seven (7) days after receipt of P.O.

Payment Term: Check

| Item No. | Unit | Quantity | Description | Unit Cost | Amount |
|---|--------|----------|--|-----------|-----------------------|
| 1 | pieces | 2000 | Oxygen Cannule Adult | 52.78 | 105,560.00 |
| <div style="text-align: center;"></div> | | | | | |
| Total Amount | | | <u>One Hundred Five Thousand Five Hundred Sixty Pesos 00/100</u> | | Php 105,560.00 |

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:


for Chtla

Gcmcd Pharmaceutical Distributor

Signature over printed Name

10-18-21

(Date)


RODOLFO T. ALBANO III
Provincial 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: _____



Republic of the Philippines
PROVINCE OF ISABELA
PURCHASE ORDER

P.A. NO: 2309

DATE: 10-15-21

Supplier: Gemed Pharmaceutical Distributor

P.O. No.: 21-10-40124

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

Date: October 15, 2021

Gentlemen:

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

Place of Delivery: PGSO

Delivery Term:

Charge

Date of Delivery: seven (7) days after receipt of P.O.

Payment Term:

Check

| Item No. | Unit | Quantity | Description | Unit Cost | Amount |
|---------------------|-------|----------|--|-----------|-----------------------|
| 1 | tubes | 500 | Lubricating Jelly, 150grams | 329.00 | 164,500.00 |
| <div></div> | | | | | |
| Total Amount | | | <u>One Hundred Sixty Four Thousand Five Hundred Pesos 00/100</u> | | Php 164,500.00 |

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
Provincial Governor

Conforme:

Gemed Pharmaceutical Distributor

Signature over printed Name

10-18-21

(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: _____



Republic of the Philippines
PROVINCE OF ISABELA
PURCHASE ORDER

P.A. NO.

D.

E.

2206

10-15-21

Supplier : Gmed Pharmaceutical DistributorP.O. No. : 21-10-HO123Address : Lot 2 Blk 19, Villa Christine Royale, San Miguel, Pasig CityDate : October 15, 2021

Gentlemen:

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

Place of Delivery : PGSO

Delivery Term:

Charge

Date of Delivery : seven (7) days after receipt of P.O.

Payment Term:

Check

| Item No. | Unit | Quantity | Description | Unit Cost | Amount |
|----------|-------|----------|----------------|-----------|-----------|
| 1 | piece | 1000 | IV Cannula G18 | 46.55 | 46,550.00 |
| 2 | piece | 1000 | IV Cannula G20 | 46.55 | 46,550.00 |



Total Amount

Ninety Three Thousand One Hundred Pesos 00/100

Php

93,100.00

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,

Conforme:

for Chela

Gmed Pharmaceutical Distributor

Signature over printed Name

10-18-21

(Date)

Rodolfo T. Albano III
Provincial Governor

GENERAL FUA

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: _____

Republic of the Philippines
PROVINCE OF ISABELA
PURCHASE ORDER

P.A. NO:

DATE: _____

Br.

Ag: Gamed Pharmaceutical Distributor

P.O. No.: 4-10-MOI25

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

Date : October 15, 2021

Gentlemen:

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

Place of Delivery : PGSO

Delivery Term:

Charge

Date of Delivery : *seven (7) days after receipt of P.O.*

Payment Term:

Check

| Item No. | Unit | Quantity | Description | Unit Cost | Amount |
|---------------------|-------|----------|---|-----------|----------------------|
| 1 | piece | 3000 | Infusion Set, Adult | 27.90 | 83,700.00 |
| Total Amount | | | <i>Eighty Three Thousand Seven Hundred Pesos 00/100</i> | | Php 83,700.00 |

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:

for ChlA

Gerned Pharmaceutical Distributor

Signature over printed Name

10-19-21

(Date)

RODOLFO T. ALBANO III
Provincial Governor

GENERAL INDEX

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: _____



Republic of the Philippines
PROVINCE OF ISABELA

PURCHASE ORDER

P.O. No. 2020

Date: 10-15-21

By: [Signature]

Supplier: Gcmcd Pharmaceutical Distributor

P.O. No.: 21-10-40130

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

Date: October 15, 2021

Gentlemen:

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

Place of Delivery: PGSO

Delivery Term: Charge

Date of Delivery: seven (7) days after receipt of P.O.

Payment Term: Check

| Item No. | Unit | Quantity | Description | Unit Cost | Amount |
|---|------|----------|---|-----------|----------------|
| 1 | box | 100 | Surgical Gloves 7.0" x 50's, Sterile | 1,897.50 | 189,750.00 |
| <div style="text-align: center;"></div> | | | | | |
| | | | | | |
| Total Amount | | | One Hundred Eighty Nine Thousand Seven Hundred Fifty Pesos 00/100 | | Php 189,750.00 |

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,

Conforme:

[Signature]

Gcmcd Pharmaceutical Distributor

Signature over printed Name

10-18-21

(Date)

[Signature]
RODOLFO T. ALBANO III
Provincial Governor

In case of negotiated purchase pursuant to Section 309 (a) of RA 7160, this portion must be accomplished.

Approved per Sanggunian Resolution No.: _____

Certified Correct: _____

Date: _____



Republic of the Philippines
PROVINCE OF ISABELA

PURCHASE ORDER

P.O. No. 2705
D. 10-5-21
B. 5

Supplier : Gcmcd Pharmaceutical Distributor

P.O. No. : 21-10-H0128

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

Date : October 15, 2021

Gentlemen:

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

Place of Delivery : PGSO

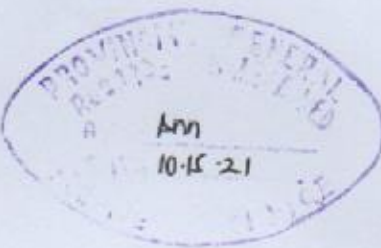
Delivery Term:

Charge

Date of Delivery : seven (7) days after receipt of P.O.

Payment Term:

Check

| Item No. | Unit | Quantity | Description | Unit Cost | Amount |
|---|---------|--|-------------------------------|-----------|---------------|
| 1 | bottles | 500 | Alcohol 70%, 500ml Isoprophyl | 150.30 | 75,150.00 |
| <div></div> | | | | | |
| Total Amount | | Seventy Five Thousand One Hundred Fifty Pesos 00/100 | | | Php 75,150.00 |

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,

Conforme:




Gcmcd Pharmaceutical Distributor

Signature over printed Name

10-18-21

(Date)


RODOLFO T. ALBANO III
Provincial Governor

In case of negotiated purchase pursuant to Section 365 (a) of RA 7160, this portion must be accomplished).

Approved per Sanggunian Resolution No.:

Certified Correct: _____

Date: _____



Republic of the Philippines
PROVINCE OF ISABELA
PURCHASE ORDER

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Date: 10-15-21
B...

Supplier : Gcmed Pharmaceutical Distributor

P.O. No. : 21-10-10121

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

Date : October 15, 2021

Gentlemen:


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

Place of Delivery : PGSO

Delivery Term: Charge

Date of Delivery : seven (7) days after receipt of P.O.

Payment Term: Check

| Item No. | Unit | Quantity | Description | Unit Cost | Amount |
|--|-------|----------|---------------------------|-----------|------------|
| 1 | rolls | 500 | Absorbent Cotton 400grams | 236.49 | 118,245.00 |
|  | | | | | |

Total Amount

One Hundred Eighteen Thousand Two Hundred Forty Five Pesos 00/100

Php 118,245.00

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,

Conforme:

for CHUA


Gcmed Pharmaceutical Distributor

Signature over printed Name

10-18-21

(Date)

GENERAL OFFICE


RODOLFO T. ALBANO III
Provincial 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: _____