## **GENSAN MEDICAL CENTER**

Print Date: 10/06/2025 Print Time: 1:09:05pm

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4,000.00

10/07/2025

**RSW. MHCM** 



Purok Veterans, Brgy Calumpang, National Highway, General Santos City, 9500 Contact No: (083) 887-9898

> E-mail Address: contactus@gensanmed.com VAT Reg. TIN: 000-072-888-460-VAT

## **PURCHASE ORDER**

Supplier: MEDISTAT MARKETING

P.O. No. New 3591

Address: 26 SAPPHIRE ST., COUNTRYSIDE VILLAGE, BANGKAL, DAVAO CIT

Date : 10/06/2025 P.R. No. 23 0002621

TIN:

Payment Terms: MONTHLY

,								
Item No.	QTY	UoM	Description	Last Delivered	Unit Cost	Gross	Discount	Net
2573	1	вох	Rapi Stain Crescent Rapi Stain Crescent	7/28/25	4,000.00	4,000.00	0.00	4,000.00
					To	otal Net Cost		4,000.00
					Less discount		0.00	

Four Thousand Pesos Only Words: Remarks: MANUAL HEMA STAIN

NOTE:

Suppliers are hereby required to validate the P.O. prices stated upon the receipt of this P.O., should there be any changes, an advice should be given to the Purchasing Officer atleast 1 (one) day before the Delivery Date. For any price changes, otherwise we will follow the prices favorable to Gensan Medical Center

Prepared By:

Noted By:

Approved By:

KEVIN PAL

**Grand Total** 

Bryan . Balbuena

**Purchasing Officer** 

MMO Department Head

Administrator/CEO

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" THIS DOCUMENT SHALL BE VALID FOR FIVE (5) YEARS FROM THE DATE OF PERMIT TO USE" "THIS DOCUMENT IS NOT VALID FOR CLAIM OF INPUT TAX"