

Republic of the Philippines PROVINCE OF ISABELA

PURCHASE ORDER

Supplier : Gcmed Pharmaceutical Distributor	r
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P.O. No. : 2023 - 11-0220

Date

11-29-2023

Address	: Legend Mansion Condominium,	212 San Juan	St., Brgy. 37,	1300 Pasay	C
Gentlen	nen:				

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: Thirty (30) calendar days after receipt of P.O Payment Term: Check

Date of D	elivery : _	Thirty (30	O) calendar days after receipt of P.O Payment Term:		Check
Item No.	Unit	Quantity	Description		Amount
1 2 3 4 5 6 7	vial vial vial vial capsule ampule vial	61,694 11,350 42,250 15,773 95,200 3,170 1,130	Cefuroxime 750mcg Powder for Injection Vial Ciprofloxacin 2mg/ml, 100ml Solution for Injection Vial Omeprazole 40mg Capsule Nicardipine 1mg/ml, 10ml Solution for Injection Ampule	307.99 334.90 89.92 240.99 39.91 598.45 1,679.91	19,001,135.06 3,801,115.00 3,799,120.00 3,801,135.27 3,799,432.00 1,897,086.50 1,898,298.30
			ORCYINCIAL DENERAL DEVERAL BY AILEN DATE 11-29-2023		
Total A	mount	Thirty S	Seven Million Nine Hundred Ninety Seven Thousand T Twenty Two Pesos & 13/100	hree Hundred	Php 37,997,322.13

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,

Con	Enn	ma:
COL	IOH	HE.

RICA MAE P. ORPRECIO

Gcmed Pharmaceutical Distributor

(Signature over printed Name)

11/30/23

(Date)

RODOLFO T. ALBANO III
Provincial Governor

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