



Republic of the Philippines
 PROVINCE OF ISABELA
PURCHASE ORDER

Supplier : Gcmed Pharmaceutical Distributor
 Address : Lot 2 Blk 19, Villa Christine Royale, San Miguel, Pasig City

P.O. No. : 21-09-140110A
 Date : September 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	vials	500	Ceftriaxone 1g	379.99	189,995.00
2	amp	400	Paracetamol 300mg/2ml	36.99	14,796.00
3	bot	50	Cetirizine 5mg/5ml	239.98	11,999.00
4	cap	1000	Amoxicillin 500mg cap	5.84	5,840.00
5	cap	1000	Cefalexin 500mg caps	6.50	6,500.00
6	cap	500	Mefenamic acid 500mg cap	10.79	5,395.00
7	vials	100	Dexamethasone vial	57.00	5,700.00
8	tab	200	Sambong 500mg tab	6.45	1,290.00

GENERAL TUNG
 PROVINCE OF ISABELA
 BY ban
 DATE 9-15-21
 SERVICES

Total Amount Two Hundred Forty One Thousand Five Hundred Fifteen Pesos 00/100 **Php** 241,515.00

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,

RODOLFO T. ALBANO III
 Provincial Governor

Conforme:
 Gcmed Pharmaceutical Distributor
 Signature over printed Name
10-20-2021
 (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: _____