Republic of the Philippines
PROVINCE OF ISABELA

PURCHASE ORDER

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

P.O. No. : 21-08-0112
Date : 8/20/21

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	20	Alaxan FR 500mg Capsule, 100's	1,184.00	23,680.00
2	box	20	Bioflu (Non Drowsy) 500mg Tablet, 100's	1,310.00	26,200.00
3	box	20	Cetirizine 10mg Tablet, 100's	987.00	19,740.00
4	box	20	Lagundi 800mg Tablet, 60's	192.00	3,840.00
5	box	20	Mefenamic Acid 500mg Capsule, 100's	1,079.00	21,580.00
6	box	20	Multivitamins + Minerals Capsule, 100's	560.00	11,200.00
7	box	20	Neozep (non Drowsy) 500mg Tablet, 100's	950.00	19,000.00
8	box	20	Paracetamol 500mg Tablet, 100's	263.00	5,260.00
9	box	20	Symdex-D, 100's	710.00	14,200.00
10	box	20	Vitamin B-Complex Tablet, 100's	240.00	4,800.00
11	set	3	BP Apparatus (Complete Set)	2,800.00	8,400.00
Total Amount			*One Hundred Fifty Seven Thousand Nine Hundred Pesos 00/100*	**Php**	**157,900.00**

PROVINCIAL GENERAL SERVICES OFFICE RECEIVED & RECORDED BY Jelma DATE 8/20/21

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
8-23-21
(Date)

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

GENERAL FUND