



Republic of the Philippines  
PROVINCE OF ISABELA  
**PURCHASE ORDER**

Admin  
P.A. NO: 2926  
DATE: 12/20/21  
BY: [Signature]

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

P.O. No. : 21-12-00128  
Date : December 20, 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	prefilled	100 ✓	Enoxaparin 40mg/0.4ml pre filled syringe	1,030.00 ✓	103,000.00 ✓
2	capsules	1000 ✓	Ferrous Sulfate + Folic Acid Capsule	4.79 ✓	4,790.00 ✓
3	sachet	1000 ✓	Acetylcysteine 600mg	35.95 ✓	35,950.00 ✓
4	tablets	500 ✓	Ketoanalogues + Essential Amino Acid	34.35 ✓	17,175.00 ✓
5	ampules	500 ✓	Ketorolac 30mg ampule	91.99 ✓	45,995.00 ✓
6	tablets	2000 ✓	Sodium Ascorbate Zinc	4.90 ✓	9,800.00 ✓
7	capsules	1000 ✓	Cefuroxime 500mg	43.98 ✓	43,980.00 ✓



**Total Amount** Two Hundred Sixty Thousand Six Hundred Ninety Pesos 00/100 **Php** 260,690.00

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,

[Signature]  
**RODOLFO T. ALBANO III**  
Provincial Governor

Conforme: [Signature] **GENERAL FUND**  
Gcmed Pharmaceutical Distributor  
Signature over printed Name  
12-20-21  
(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: \_\_\_\_\_