



Republic of the Philippines
PROVINCE OF ISABELA

PURCHASE ORDER

P.A. No: 2901
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.: 21-12-00117
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	ampule	500	Dexamethasone Ampule	57.00	28,500.00
2	vials	588	Ceftriaxone 1g Vial	379.00	222,852.00

PROVINCE OF ISABELA
GENERAL FUND
ADD
12-20-21

Total Amount Two Hundred Fifty One Thousand Three Hundred Fifty Two Pesos 00/100 **Php** 251,352.00

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]
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: GENERAL FUND