



Republic of the Philippines
PROVINCE OF ISABELA
PURCHASE ORDER

3019
 DATE: 12/31/21
 BY: [Signature]

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

P.O. No.: 21-11-00096A
 Date: November 12, 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	amps	200	Abdsorbed Tetanus Toxoid 0.5ml amp	79.00	15,800.00
2	prefilled syr	30	Enoxaparin 6000 IU/0.6ml prefilled syringe	1,030.00	30,900.00
3	vials	100	Piperacillin + Tazobactam 4g/500mg vial	971.99	97,199.00

Total Amount One Hundred Forty Three Thousand Eight Hundred Ninety Nine Pesos 00/100 Php **143,899.00**

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,

[Signature]

RODOLFO T. ALBANO III
 Provincial Governor

Conforme: [Signature]
Gcmed Pharmaceutical Distributor
 Signature over printed Name
12-2021
 (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: _____

GENERAL FUND