



Republic of the Philippines
 PROVINCE OF ISABELA
PURCHASE ORDER

2928
 DATE: 12/20/21
 BY: [Signature]

Supplier : Gcmed Pharmaceutical Distributor

P.O. No. : 21-12-D0115

Address : Lot 2 Blk 19, Villa Christine Royale, San Miguel, Pasig City

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	tab	500	Fenofibrate 160mg tablet	27.73	13,865.00
2	tab	300	Fenofibrate 200mg tablet	30.00	9,000.00
3	cap	1000	Ferrous + Folic Acid Capsule	4.79	4,790.00
4	cap	500	Folic Acid 5mg capsule	5.00	2,500.00
5	tab	500	Gliclazide 80m tablet	5.54	2,770.00
6	tab	500	Hyoscine tablet	6.05	3,025.00
7	tab	300	Isosorbide dinitrate 5mg tablet (SL)	9.48	2,844.00
8	cap	2000	Sodium Ascorbate + zinc capsule	4.90	9,800.00
9	cap	3000	Mefenamic acid 500mg capsule	10.79	32,370.00
10	tab	500	Methldopa tablet	16.05	8,025.00
11	tab	500	Montelikas + Levocetirizine tablet	22.80	11,400.00
12	cap	2000	Multivitamins + Iron capsule	1.95	3,900.00
13	cap	1000	Omeprazol 40mg capsule	88.99	88,990.00
14	tab	1500	Sodium Bicarbonate 650mg tablet	1.19	1,785.00
15	tab	1000	Trimethazidine 35mg tablet	12.48	12,480.00

Ann
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Total Amount

Two Hundred Seven Thousand Five Hundred Forty Four Pesos 00/100

Php

207,544.00

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,

Conforme:

[Signature]
 Gcmed Pharmaceutical Distributor

Signature over printed Name

12-20-21

(Date)

[Signature]
RODOLFO T. ALBANO III
 Provincial Governor

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: _____