



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

P.A. NO: 2898  
 Date: 12/20/21  
 BY: [Signature]

Supplier : Gcmed Pharmaceutical Distributor

P.O. No. : 21-12-00129

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

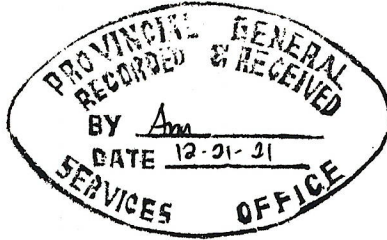
Date : December 21, 2021

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	vial	588	Ceftriaxone 1g	379.99	223,434.12
2	amp	100	Clindamycin 150mg/ml/4ml	297.99	29,799.00
3	tablet	1000	Cetirizine 10mg	9.87	9,870.00
4	tablet	1000	Cefuroxime 500mg	43.48	43,480.00



**Total Amount** Three Hundred Six Thousand Five Hundred Eighty Three Pesos 12/100 **Php** 306,583.12

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  
12-21-21  
 (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: \_\_\_\_\_