



Republic of the Philippines
 PROVINCE OF ISABELA
PURCHASE ORDER

10/5

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

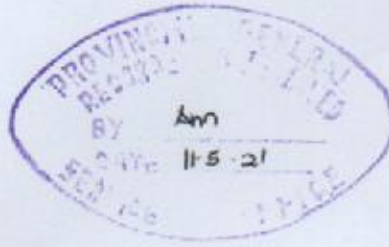
P.O. No. : 21-11-00072
 Date : November 5, 2021

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	500	Ceftriaxone 1g vial	379.99	189,995.00
2	amp	500	Dexamethasone 8mg/2ml ampule	57.00	28,500.00



Total Amount Two Hundred Eighteen Thousand Four Hundred Ninety Five Pesos 00/100 **Php** 218,495.00

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,

RODOLFO T. ALBANO III
 Provincial Governor

Conforme: For: Chilla
 Gcmed Pharmaceutical Distributor
 Signature over printed Name
11-15-21
 (Date)

GENERAL FUNG

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: _____