

P.O. NO. & AR

P.A. NO. 2335



Republic of the Philippines
PROVINCE OF ISABELA
PURCHASE ORDER

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

P.O. No. : 21-10-D0067-A
Date : October 26, 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	vials	588	Ceftriaxone 1g vial	379.00	222,852.00
2	tabs	100	Melatonin 3mg	25.50	2,550.00
3	caps	300	Multivitamins + Zinc (CENTRUM)	18.50	5,550.00
4	pcs	10	Fundaparinux pfs	2,400.00	24,000.00



Total Amount Two Hundred Fifty Four Thousand Nine Hundred Fifty Two Pesos 00/100 **Php** 254,952.00

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:
Gcmed Pharmaceutical Distributor
Signature over printed Name
12-27-21
(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: _____