



Republic of the Philippines
 PROVINCE OF ISABELA
PURCHASE ORDER

5005
 12/31/21

Supplier : Gcmed Pharmaceutical Distributor

P.O. No. : 21-12-00137

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

Date : December 31, 2021

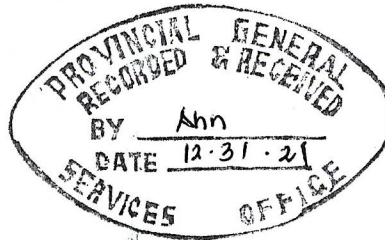
Gentlemen:

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	capsule	3600	Clindamycin 300mg capsule	9.45	34,020.00
2	tablet	6000	Co-Amoxiclav 625mg tablet	25.99	155,940.00
3	tablet	1000	Colecalciferol 800 IU capsule	9.23	9,230.00
4	tablet	200	Diosmin 450 mg, hesperidin 50 mg tablet	66.00	13,200.00
5	tablet	200	Empaglifozin 25mg tablet	78.45	15,690.00
6	tablet	200	Enalapril 5mg tablet	16.20	3,240.00
7	capsule	200	Etoricoxib 120mg capsule	116.40	23,280.00
8	tablet	200	Linagliptin 5mg tablet	78.00	15,600.00
9	tablet	1000	Loratadine 10mg tablet	13.00	13,000.00
10	tablet	200	Propranolol 10mg tablet	18.89	3,778.00
11	tablet	200	Sitagliptin + Metformin 50mg/500mg tablet	41.18	8,236.00
12	capsule	100	Sulodexide 250mg capsule	76.68	7,668.00
13	tablet	300	Telmisartan 40mg tablet	34.79	10,437.00



Total Amount

Three Hundred Thirteen Thousand Three Hundred Nineteen Pesos 00/100

Php **313,319.00**

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,

RODOLFO T. ALBANO III
 Provincial Governor

Conforme:

Gcmed Pharmaceutical Distributor

Signature over printed Name

12-31-21

(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: _____