



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

Supplier : Gcmed Pharmaceutical Distributor

P.O. No. : 21-10-00034A

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

Date : October 1, 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	300	Montelukast 10mg tablet	16.01	4,803.00
2	sachet	1000	Acetylcysteine 600mg	36.81	36,810.00
3	capsule	3000	Amoxicillin 500mg capsule	4.35	13,050.00
4	capsule	3000	Mefenamic acid 500mg cap	4.44	13,320.00
5	capsule	3000	Cefalexin 500mg capsule	5.06	15,180.00
6	tablet	400	Trimetazidine 35mg tablet	14.86	5,944.00
7	tablet	2000	Ascorbic acid 500mg tablet	2.50	5,000.00
8	capsule	300	Celecoxib 200mg capsule	10.59	3,177.00
9	tablet	500	Metformin 500mg tab	2.05	1,025.00
10	tablet	500	Simvastatin 20mg tablet	5.70	2,850.00
11	tablet	500	Metronidazole 500mg tablet	2.47	1,235.00



**Total Amount**

One Hundred Two Thousand Three Hundred Ninety Four Pesos 00/100

**Php**

**102,394.00**

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

10-27-21

(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: \_\_\_\_\_

**GENERAL FURNISHING**