



Republic of the Philippines
PROVINCE OF ISABELA

PURCHASE ORDER

Admin
P.A. NO: 2810
DATE: 12/20/21
BY: [Signature]

T.O No. 650
1/12

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

P.O. No. : 21-12-00122
Date : December 20, 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	vls	300 ✓	Ceftriaxone 1g	379.99 ✓	113,997.00
2	amp	50 ✓	Dopamine 40mg/ml, 5ml	232.00 ✓	11,600.00
3	bot	50 ✓	Lidocaine 50ml	64.95 ✓	3,247.50
4	amp	100 ✓	Ascorbic Acid 250mg/ml, 2ml	22.40 ✓	2,240.00
5	amp	100 ✓	Vitamin B (IM/IV)	64.48 ✓	6,448.00
6	amp	100 ✓	Tetanus Toxoid	79.00 ✓	7,900.00



Total Amount One Hundred Forty Five Thousand Four Hundred Thirty Two Pesos 50/100 **Php** 145,432.50

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,

[Signature]
RODOLFO T. ALBANO III
Provincial Governor

Conforme: [Signature]
Gcmed Pharmaceutical Distributor
Signature over printed Name
12-20-21
(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 FUND