



Republic of the Philippines
 PROVINCE OF ISABELA
PURCHASE ORDER

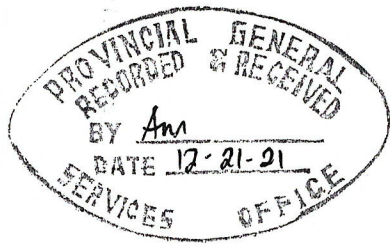
P.A. NO. 2929
 DATE 12/20/21
 BY [Signature]

Supplier : Gcmcd Pharmaceutical Distributor P.O. No. : 21-12-00130
 Address : Lot 2 Blk 19, Villa Christine Royale, San Miguel, Pasig City Date : December 21, 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	sachet	500	Acetylcysteine 600mg	35.95	17,975.00
2	tab	1000	Atorvastatin 40mg tablet	18.87	18,870.00
3	tab	1000	Azithromycin 500mg tablet	77.90	77,900.00
4	tab	500	Butamirate Citrate tablet	15.95	7,975.00
5	tab	500	Cefixime 200mg tablet	29.99	14,995.00
6	tab	1000	Cefuroxime 500mg tablet	43.48	43,480.00
7	tab	1000	Cetirizine 10mg tablet	9.87	9,870.00
8	tab	1000	Clopidogrel 75mg tablet	18.98	18,980.00
9	tab	300	Colchicine tablet	2.99	897.00
10	tab	500	Eperisone 50m tablet	84.39	42,195.00



Total Amount Two Hundred Fifty Three Thousand One Hundred Thirty Seven Pesos 00/100 **Php** 253,137.00

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,
 Conformer: [Signature]
Gcmcd Pharmaceutical Distributor
 Signature over printed Name
12-21-21
 (Date)

RODOLFO T. ALBANO III
 Provincial Governor

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: _____