



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

P.A. NO: 2021  
 DATE: 6/3/21

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

P.O. No. BY: 21-12-00141  
 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	tab	1000	Atorvastatin 40mg	18.87	18,870.00
2	tab	1000	Amlodipine 5mg tablet	4.90	4,900.00
3	cap	1000	Celecoxib 200mg capsule	18.47	18,470.00
4	cap	1000	Co-Amoxiclav 623mg tablet	25.99	25,990.00
5	tab	300	Gabapentin 100mg	25.00	7,500.00
6	tab	1000	Carvedilol 6.25mg	16.98	16,980.00
7	tab	500	Carvedilol 25mg	5.45	2,725.00
8	tab	200	Febuxostat 40mg	33.40	6,680.00
9	tab	100	Paracetamol + Tramadol tablet	79.20	7,920.00
10	inhaler	100	Salmeterol + Fluticasone 25mcg/250mcg	1,067.50	106,750.00

**Total Amount** Two Hundred Sixteen Thousand Seven Hundred Eighty Five Pesos 00/100 **Php** 216,785.00

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  
12-31-21  
 (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: \_\_\_\_\_