



Republic of the Philippines
 PROVINCE OF ISABELA
PURCHASE ORDER

Supplier : Isiah S. S. Enterprises
 Address : Camayan City

P.O. No. : 2(6)12-0253
 Date : 12-24-21

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	bts	100	Paracetamol (Biogesic) Syr. 250mg/ml, 60ml	84.99	8,499.00
2	bxs	1,000	Paracetamol Tablet 50mg	2.63	2,630.00
3	bts	200	Mefenamic Syr. 60ml	38.00	7,600.00
4	bxs	1000	Mefenamic 500mg Capsule	10.79	10,790.00
5	bts	100	Amoxicillin Syr 250mg/ml, 60ml	50.95	5,095.00
6	bxs	1000	Amoxicillin Capsule	5.84	5,840.00
7	bts	100	Cotrimoxazole Susp.	23.75	2,375.00
8	bxs	1000	Cotrimoxazole Capsule	3.94	3,940.00
9	bts	100	Carbo Syr. 60ml. 10mg/5ml	60.90	6,090.00
10	bxs	1000	Carboceisteine tablet 500mg capsule	10.70	10,700.00
11	bts	100	Salbutamol Syr. 60ml	50.40	5,040.00
12	bxs	1000	Salbutamol Tablet	1.72	1,720.00
13	bts	100	Phenylpropanolamine Syr	32.00	3,200.00
14	bxs	1000	Amlodipine tablet 10mg	9.95	9,950.00
15	bxs	1000	Losartan tablet 50mg	9.59	9,590.00
16	bxs	1000	Metoprolol tablet 50mg	2.89	2,890.00
17	bxs	1000	Ibuprofen tablet 200mg	4.40	4,400.00
18	bxs	1000	Simvastatin tablet 20mg	5.94	5,940.00
19	bts	100	Multivitamins Syr. 60ml	33.75	3,375.00
20	bxs	1000	Multivitamins Capsule	5.60	5,600.00
21	bts	100	Diphenhydramine Syr. 25mg	21.75	2,175.00
22	bxs	1000	Diphenhydramine Tablet or capsule 25mg	24.00	24,000.00

PROVINCIAL GENERAL RECEIVED
 BY ROCKA
 DATE 12-24-21
 SERVICES OFFICE

Total Amount One Hundred Forty One Thousand Four Hundred Thirty Nine Pesos 00/100 **Php 141,439.00**

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: Isiah S. S. Enterprises
 Signature over printed Name

 (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: _____