



Republic of the Philippines
PROVINCE OF ISABELA

PURCHASE ORDER

Supplier MIDWAY DRUG AND MEDICAL SUPPLIES
Address OSMEÑA, CITY OF ILAGAN, ISABELA

P.O. No.: 21-10-00069
Date: October 28, 2021

Gentlemen:

Please furnish this office the following articles subject to the terms and conditions contained herein:

Place of Delivery: P.G.S.O., City of Ilagan, Isabela Delivery Term: _____
Date of Delivery: _____ Payment Term: _____

Item No.	Unit	Quantity	Description	Unit Cost	Amount
1	ampules	200	Diphenhydramine (as Hydrochloride) 50mg/mL 1mL ampule	129.99	25,998.00
2	nebules	2,000	Salbutamol 2.5mL 3mg/mL	11.00	22,000.00
3	nebules	300	Budesonide 250mcg/mL 2mL Respiratory Solution (Nebules)	121.98	36,594.00
4	ampules	100	Serum Anti-Tetanus (ATS) 1500 IU/0.7mL, 0.7mL ampule	78.00	7,800.00
5	tablets	2,000	Losartan 50mg tablet	9.59	19,180.00
6	vials	100	Metronidazole 5mg/mL 100mL vial	88.99	8,899.00
7	ampules	200	Lidocaine 2% 5mL ampule	27.60	5,520.00
8	vials	100	Lidocaine 2% 50mL vial	64.95	6,495.00
9	bottles	36	Ibuprofen 200mg/5mL 60mL bottle	104.79	3,772.44
10	tablets	2,000	Metformin Hydrochloride 500mg tablet	18.99	37,980.00



(Total Amount in Words) One Hundred Seventy Four Thousand Two Hundred Thirty Eight Pesos & 44/100 Only P 174,238.44

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:
MIDWAY DRUG AND MEDICAL SUPPLIES
(Signature over printed name)
11-5-21
(Date)

In case of negotiated purchase pursuant to Section 389 (a) of RA 7160, this portion must be accomplished.
Approved per Sanggunian Resolution No.: _____

Certified Correct: _____ Date: GENERAL FUND