



Republic of the Philippines
 PROVINCE OF ISABELA
PURCHASE ORDER

Supplier: Gcmed Pharmaceutical Distributor

P.O. No.: 21-07-10073

Address: Lot 2 Blk 19, Villa Christine Royale, San Miguel, Pasig City

Date: March 25, 2022

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	ampule	50	Atropine 1mg/ml ampule	33.48	1,674.00
2	nebule	100	Bacilus Clausii (ercefloa) Oral nebule	89.10	8,910.00
3	nebule	300	Budesonide 250mcg/ml nebule	121.95	36,585.00
4	ampule	300	Clindamycin 150mg/ml. 4ml	297.96	89,388.00
5	vial	100	D5050 vial	38.98	3,898.00
6	ampule	300	Diphenhydramine 50mg/ml ampule	129.12	38,736.00
7	ampule	50	Hydralazine 20mg/ml ampule	229.95	11,497.50
8	vial	40	Magnesium Sulfate 20ml vial	39.99	1,599.60
9	ampule	200	Metoclopramide 10mg/2ml ampule	34.96	6,992.00
10	vial	100	PNSS, 50ml vial 20ml	46.45	4,645.00
11	tube	30	Silver Sulfadiazine 10mg/g cream, 20g	113.95	3,418.50
12	vial	1,200	Sterile water for injection, 50ml vial	32.98	39,576.00



GENERAL FUND

Total Amount

Two Hundred Forty Six Thousand Nine Hundred Nineteen Pesos 60/100

Php

246,919.60

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

3-29-22

(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: _____