



Republic of the Philippines
 PROVINCE OF ISABELA
PURCHASE ORDER

Supplier : GCMED Pharmaceutical Distributor

P.O. No. : 22-02-0007

Address : San Miguel, Pasig City

Date : February 10, 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	amp	500	Gentamycin 40mg/ml, 2ml ampule	38.99	19,495.00
2	vial	50	Dobutamine HCL 250mg/ml, 20ml vial		-
3	amp	50	Dopamine 40mg/ml in 5ml, ampule	231.99	11,599.50
4	amp	500	Furosemide 20mg/ml, ampule	35.98	17,990.00
5	carp	300	Dental Anesthesia (Lidocaine 2%)+ Epinephrine	19.58	5,874.00
6	vial	50	Penicillin G Crystalline 1g vial	26.47	1,323.50
7	amp	300	ketorolac 30mg/ml ampule	91.98	27,594.00
8	amp	50	Norepinehrine 1mg/ml, 4ml ampule	979.98	48,999.00
9	tablet	500	Montelukast 10mg tablet	12.85	6,425.00
10	tablet	200	Sodium Chloride 1g tablet	9.50	1,900.00
11	amp	500	Tramadol HCl 50mg/ml, ampule	46.95	23,475.00
12	amp	20	Sodium Bicarbonate 50mEq ampule	91.60	1,832.00
13	amp	50	Phenytoin 50mg/ml, 2ml ampule	828.95	41,447.50
14	nebules	300	Budesonide 250mcg nebule	121.95	36,585.00
15	tablet	300	Levocetirizine + Montelukast tablet	22.79	6,837.00
16	tablet	500	Butamirate Citrate 50mg tablet	15.93	7,965.00

PROVINCIAL GENERAL
 RECORDED & RECEIVED
 BY Am
 DATE 2-10-22
 SERVICES OFFICE
 GENERAL FUND

Total Amount Two Hundred Fifty Nine Thousand Three Hundred Forty One Pesos 50/100 **Php** 259,341.50

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
2-16-22
 (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: _____