



Republic of the Philippines
 PROVINCE OF ISABELA
PURCHASE ORDER

P.A. NO: 863
 DATE: 2/24/22
 BY: [Signature]

Supplier : Gcmed Pharmaceutical Distributor P.O. No. : 22-02-00010
 Address : Lot 2 Blk 19, Villa Christine Royale, San Miguel, Pasig City Date : February 22, 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	capsule	2000	Amoxicillin 500mg cap	5.80	11,600.00
2	tablet	1000	Cetirizine 10mg tab	9.85	9,850.00
3	capsule	2000	Cefalexin 500mg cap	6.17	12,340.00
4	tablet	500	Cefixime 200mg tab	29.96	14,980.00
5	tablet	500	Clonidine 75mcg tab	51.97	25,985.00
6	tablet	300	Cefuroxime 500mg tab	43.45	13,035.00
7	tablet	300	Co-Amoxiclav 625mg tab	25.98	7,794.00
8	capsule	500	Ferrous Sulfate 500mg cap	2.78	1,390.00
9	tablet	500	Losartan 50mg tab	9.57	4,785.00
10	capsule	2000	Mefenamic Acid 500mg cap	10.78	21,560.00

PROVINCIAL GENERAL RECEIVED & RECORDED
 BY Ann
 DATE 2-28-22
 SERVICES OFFICE

Total Amount One Hundred Twenty Three Thousand Three Hundred Nineteen 00/100 **Php** 123,319.00

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,

[Signature]
RODOLFO T. ALBANO III
 Provincial Governor

Conforme: [Signature]
 Gcmed Pharmaceutical Distributor
 Signature over printed Name
3-21-22
 (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: _____

GENERAL FUND

[Handwritten mark]