



Republic of the Philippines
 PROVINCE OF ISABELA
PURCHASE ORDER

favor Pled

Supplier : Gcmed Pharmaceutical Distributor
 Address : Lot 2 Blk 19, Villa Christine Royale, San Miguel, Pasig City

P.O. No. : 22-03-D0029
 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 Sulfate amp	33.48	1,674.00
2	vial	100	Benzylpenicillin (PEN G) 1,000,000 units	26.47	2,647.00
3	vial	100	Benzylpenicillin (PEN G) 5,000,000 units	24.93	2,493.00
4	ampule	50	Ketorolac 30mg/ml amp	91.98	4,599.00
5	carpule	50	Lidocaine + Epinephrine (Dental Anesthetic)	19.58	979.00
6	bottle	144	Amoxicillin 250mg/5ml susp 60ml	50.90	7,329.60
7	bottle	144	Cefalexin 250mg/5ml susp 60ml	54.89	7,904.16
8	bottle	20	Cloxacillin 250mg/5ml susp 60ml	50.48	1,009.60
9	bottle	144	Multivitamins syrup 60ml	33.74	4,858.56
10	bottle	72	Paracetamol 100mg/ml drops	48.99	3,527.28
11	bottle	144	Paracetamol 250mg/5ml syr 60ml	84.97	12,235.68
12	capsule	1,000	Amoxicillin 500mg cap	5.80	5,800.00
13	capsule	1,000	Cefalexin 500mg cap	6.17	6,170.00
14	capsule	1,000	Cloxacillin 500mg cap	11.95	11,950.00
15	tablet	500	Ferrous Sulfate 500mg tab	2.78	1,390.00
16	tablet	1,000	Losartan 50mg tab	9.57	9,570.00
17	capsule	1,000	Mefenamic acid 500mg cap	10.78	10,780.00
18	tablet	500	Methylethergometrine Maleate Tab 125mg	2.48	1,240.00
19	tablet	1,000	Paracetamol 500mg tab	2.60	2,600.00
20	tablet	1,000	Vitamin B Complex Tab B1 B6 B12 100mg	1.90	1,900.00



Total Amount One Hundred Thousand Six Hundred Fifty-Six Peso.88/100 **Php** 100,656.88

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
6-11-22
 (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