



Republic of the Philippines
 PROVINCE OF ISABELA
PURCHASE ORDER

P.A. NO: 1670
 DATE: 8/9/22
 BY: [Signature]

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

P.O. No. : 22-02 - 00065
 Date : August 9, 2022

Gentlemen:

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

Place of Delivery : PGSO - MARDI 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	syrop	288	Paracetamol syrup 250/5ml	88.38	25,453.44
2	susp	288	Amoxicillin 250/5ml	89.99	25,917.12
3	susp	288	Cefalexin 250/5ml	54.88	15,805.44
4	cap	1000	Mefenamic 250mg Capsule	1.49	1,490.00
5	cap	2000	Mefenamic 500mg Capsule	12.78	25,560.00
6	tab	500	Losartan 50mg Tablet	6.99	3,495.00
7	tab	500	Simvastatin 20mg Tablet	5.48	2,740.00
8	tab	300	Metronidazole 500mg Capsule	3.83	1,149.00
9	cap	300	Celecoxib 200mg Capsule	9.99	2,997.00
10	supp	50	Bisacodyl 10mg Suppository	29.72	1,486.00



Total Amount One Hundred Six Thousand Ninety Three Pesos 00/100 **Php** 106,093.00

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
8-29-22
 (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: _____