



Republic of the Philippines  
 PROVINCE OF ISABELA  
**PURCHASE ORDER**

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

P.O. No. : 22-08-DO70-1  
 Date : August 16, 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	50	Diphenhydramine 50mg/ml	129.12	6,456.00
2	vial	100	Benzyl Penicillin 1M (Pen G)	26.47	2,647.00
3	vial	100	Benzyl Penicillin 5M (Pen G)	24.93	2,493.00
4	amp	200	Ketorolac 30mg/ml	91.98	18,396.00
5	vial	100	Omeprazole 40mg powder vial + 10ml solvent ampule	88.97	8,897.00
6	amp	100	Oxytocin 10IU/ml	74.89	7,489.00
7	neb	120	Salbutamol + Ipratropium	34.43	4,131.60
8	amp	100	Tetanus Toxoid 0.5ml	78.98	7,898.00
9	vial	250	Ceftriaxone Na 1g	379.95	94,987.50
10	amp	20	Nicardipine 10ml	1,024.95	20,499.00
11	neb	510	Salbutamol Neb	10.98	5,599.80
12	amp	150	Paracetamol 150mg/2ml	36.98	5,547.00
13	cap	300	Celecoxib 200mg cap	18.45	5,535.00



**GENERAL FINANCE**

**Total Amount** One Hundred Ninety Thousand Five Hundred Seventy Five Pesos & 90/100 **Php** 190,575.90

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  
8-25-22  
 (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: \_\_\_\_\_