Republic of the Philippines
PROVINCE OF ISABELA

PURCHASE ORDER

Supplier : *Gcmed Pharmaceutical Distributor*

Address : *Lot 2 Blk 19, Villa Christine Royalle, San Miguel, Pasig City*

P.O. No. : 21-09-00080-B

Date : September 8, 2021

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	300	Citicholine 1g	247.50	74,250.00
2	cap	200	Probiotic cap	125.00	25,000.00
3	neb	200	Bacillus Clausii nebule (Erceflora)	106.00	21,200.00
4	cap	100	Dibencozide 1mg	50.00	5,000.00
5	cap	100	Dibencozide 3mg	-	-
6	cap	200	Silymarin	72.00	14,400.00
7	tablet	200	Inosine Acedoben (Isoprinosine) 500mg tab	74.00	14,800.00
8	tube	40	Mupirocin oint 5g	49.98	1,999.20
Total Amount			*One Hundred Fifty Six Thousand Six Hundred Forty Nine Pesos & 20/100*	**Php**	**156,649.20**

PROVINCIAL GENERAL SERVICES OFFICE RECORDED & RECEIVED BY Am DATE 9-8-21

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:

for Chillo

Gcmed Pharmaceutical Distributor

Signature over printed Name

(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: _____