



Republic of the Philippines
PROVINCE OF ISABELA
PURCHASE ORDER

P.A. NO.: 2839
 DATE: _____
 BY: _____

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

P.O. No.: 22-09-D0027A
 Date: September 19, 2022

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

Place of Delivery: PGSO Delivery Term: _____
 Date of Delivery: seven (7) days after receipt of P.O. Payment Term: _____

Item No.	Unit	Quantity	Description	Unit Cost	Amount
1	vial	500	Cefuroxime 750mg vial	89.99	44,995.00
2	amp	500	ATS 1500 IU Ampule	77.98	38,990.00
3	amp	200	Oxytocin 10 IU Amp	44.95	8,990.00
4	vial	200	Cloxacillin 500 mg vial	309.98	61,996.00
5	vial	600	Metronidazole 500 mg	56.99	34,194.00



(Total Amount in Words) One Hundred Eighty Nine Thousand One Hundred Sixty Five Pesos Php **189,165.00**

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,

RODOLFO T. ALBANO III
 Provincial Governor

Conforme: for [Signature]
Gcmed Pharmaceutical Distributor
 (Signature over printed name)
09-22-22
 (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: _____