



Republic of the Philippines
 PROVINCE OF ISABELA
PURCHASE ORDER

P.A. No. 1913
 Dr. 7/20/22
 B.

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

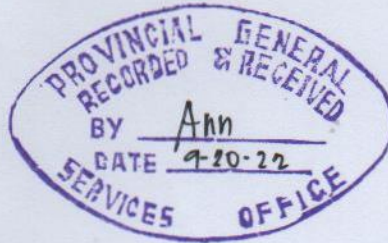
P.O. No. : 22-09-0093
 Date : SEPTEMBER 20, 2022

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	capsule	3000 /	Amoxicillin 500mg Capsule	4.47	13,410.00
2	capsule	3000 /	Cefalexin 500mg Capsule	8.94	26,820.00
3	piece	50 /	Erythromycin Eye Ointment	157.00	7,850.00
4	capsule	3500 /	Mefenamic Acid 500mg Capsule	12.78	44,730.00
5	ampule	6 /	Verapamil Ampule	157.98	947.88
6	ampule	3 /	Adenosine Ampule	1,798.00	5,394.00
7	vial	200 /	Cloxacillin 500mg Vial	309.98	61,996.00
8	piece	100 /	Bisacodyl 10mg Suppository	29.72	2,972.00
9	ampule	5 /	Norepinephrine Amp	699.99	3,499.95
10	ampule	300 /	Chlorphenamine Ampule	11.98	3,594.00
11	ampule	5 /	Phenytoin Ampule	679.99	3,399.95



Total Amount One Hundred Seventy Four Thousand Six Hundred Thirteen Pesos & 78/100 **Php** 174,613.78

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,

Conforme:

for Celta
 Gcmed Pharmaceutical Distributor
 Signature over printed Name
10.24.22
 (Date)

Rodolfo T. Albano III
 Provincial Governor

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: _____