Republic of the Philippines
PROVINCE OF ISABELA

PURCHASE ORDER

Gcmed Pharmaceutical Distributor	P.O. No.: 22-09-D0099-F
Address: Lot 2 Blk 19, Villa Christine Royalle, San Miguel, Pasig City	Date: September 21, 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	vial	500	Ceftriaxone 1g	179.99	89,995.00
2	bot	300	Metronidazole 500mg/100ml	56.99	17,097.00
3	amp	500	Ranitidine IV	32.97	16,485.00
4	cap	500	Sodium Ascorbate 500mg	7.99	3,995.00
5	tab	500	Vitamin B Complex	3.98	1,990.00
6	tab	300	Vitex Negundo (Lagundi) 600mg	4.14	1,242.00
7	tab	200	Metronidazole 500mg	3.83	766.00
8	cap	300	Celecoxib 200mg	9.99	2,997.00
9	cap	500	Cefalexin 500mg	8.94	4,470.00
10	tab	500	Ferrous Sulfate 325mg	3.98	1,990.00
11	bot	30	Ascorbic Acid Syrup	39.49	1,184.70
12	amp	400	Paracetamol 150mg/5ml	14.78	5,912.00
13	amp	400	HNBB 20mg/ml	57.99	23,196.00
14	bot	20	Cetirizine Syrup	78.47	1,569.40
15	bot	20	Vitex Negundo (Lagundi) Syrup	58.49	1,169.80
16	tab	100	Cefuroxime 500mg	18.77	1,877.00
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Total Amount			*One Hundred Seventy Five Thousand Nine Hundred Thirty Five Pesos & 90/100*		**Php 175,935.90**

PROVINCIAL GENERAL SERVICES
9-21-22

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

(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: _____