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. : 22-09-00099-H
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	201	Omeprazole 40mg vial	333.00	66,933.00
2	vial	100	Hydrocortisone 250mg	108.84	10,884.00
3	amp	50	Epinephrine 1mg/ml	37.98	1,899.00
Total Amount			***Seventy Nine Thousand Seven Hundred Sixteen Pesos 00/100***	**Php**	**79,716.00**

PROVINCIAL GENERAL SERVICES OFFICE RECEIVED BY Am 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:
for. Chita
Gcmed Pharmaceutical Distributor
Signature over printed Name
11-17-22
(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: _____