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. : 22-10-00104-F
Date : October 6 2022

Gentlemen:

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

Place of Delivery : *PGSO - Cauayan District Hospital* **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	Cefuroxime 750mg	89.99	44,995.00
2	amp	200	Clindamycin 600mg amp	187.99	37,598.00
3	tab	100	Isosorbide dinitrate 5mg sublingual (Isordil)	9.45	945.00
Total Amount			***Eighty Three Thousand Five Hundred Thirty Eight Pesos 00/100***	**Php**	**83,538.00**

PROVINCIAL GENERAL SERVICES OFFICE RECORDED & RECEIVED BY Am DATE 10-6-22

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

11-4-22
(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: _____