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. : 22-10-70107-H
Date : October 10, 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	amp	150	Dopamine 40mg/ml, 5ml ampule	88.98	13,347.00
2	amp	50	Enoxaparin 100mg/ml, 0.4ml pre-filled syringe	398.00	19,900.00
3	vial	60	D50%W50ml	59.92	3,595.20
4	vial	200	Lidocaine 2%, 50ml vial (Local Anesthesia)	64.93	12,986.00
5	amp	225	Metoclopramide 5mg/ml, 2ml ampule	14.97	3,368.25
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Total Amount			*Fifty Three Thousand One Hundred Ninety Six Pesos & 45/100*	**Php**	**53,196.45**

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
11-7-22
(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: _____

GENERAL FILE