Republic of the Philippines
PROVINCE OF ISABELA
PURCHASE ORDER

Supplier : *Gcmed Pharmaceutical Distributor* **P.O. No. :** 22-10-D0107-I
Address : *Lot 2 Blk 19, Villa Christine Royalle, San Miguel, Pasig City* **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	syrup	72	Ascorbic Acid 100mg/ml, 15ml oral drops	33.69	2,425.68
2	syrup	72	Ascorbic Acid (Vitamin C) 100mg/5ml, 60ml syrup	39.49	2,843.28
3	syrup	72	Cetirizine 10mg/ml, 10ml oral drops	118.90	8,560.80
4	syrup	50	Cetirizine1mg/ml, 60ml bottle	78.47	3,923.50
5	syrup	72	Cefalexin 250mg/5ml, 60ml bottle	54.88	3,951.36
6	syrup	50	Cloxacillin 250mg/5ml, 60ml bottle	46.00	2,300.00
7	syrup	50	Co-Amoxiclav 200mg + 28.5mg/5ml, 70ml suspension	205.00	10,250.00
8	syrup	50	Co-Amoxiclav 400mg + 57mg/5ml, 70ml suspension	320.00	16,000.00
9	syrup	50	Ferrous Salt (equiv. to 15mg elemental iron/0.6ml), 15	23.50	1,175.00
Total Amount			*Fifty One Thousand Four Hundred Twenty Nine Pesos & 62/100*	**Php**	**51,429.62**

PROVINCIAL GENERAL SERVICES OFFICE
RECEIVED
BY Am
DATE 10-10-22

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
11-11-22
(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 FUND