P.A No.: 2310
DATE:
BY:

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. : 22-10-0107-N
Date : October 12, 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	195	Ceftriaxone 1 gram	178.00	34,710.00
2	tab	500	Ascorbic Acid 500mg	3.85	1,925.00
3	bot	50	Ascorbic Acid Syrup 60ml	53.96	2,698.00
4	amp	300	HNBB 20mg/ml	57.99	17,397.00
5	amp	300	Ketorolac 30mg/ml, 1ml ampule	91.98	27,594.00
6	amp	400	Paracetamol 300mg/2ml	14.78	5,912.00
7	amp	200	Metoclopramide 10mg/2ml	14.97	2,994.00
8	bot	300	Metronidazole 500mg/100ml	56.99	17,097.00
9	amp	200	Tetanus Toxoid 0.5ml	78.98	15,796.00
10	sac	300	Oral Rehydration Salt	6.47	1,941.00
11	amp	295	Ranitidine 50mg/2ml	31.00	9,145.00
12	sac	200	N-Acetylcysteine 600mg	27.72	5,544.00
13	tab	500	Vitamin B tab	3.98	1,990.00
14	tab	300	Clonidine 75mg	51.97	15,591.00
15	bot	50	Zinc Sulfate Syrup	65.00	3,250.00
16	bot	50	Aloh+Mgoh Suspension 60ml	29.99	1,499.50
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
Total Amount			***One Hundred Sixty Five Thousand Eighty Three Pesos & 50/100***	**Php**	**165,083.50**

PROVINCIAL GENERAL SERVICES OFFICE RECORDED & RELEASED BY Am DATE 10-12-22

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
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 FUN...