P.A No.: 2337
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. : 22-10-00109-A
Date : October 17, 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	tab	500	Cefuroxime 500mg tablet	18.77	9,385.00
2	tab	500	Celecoxib 200mg tablet	9.99	4,995.00
3	cap	400	Clindamycin 300mg capsule	36.99	14,796.00
4	tab	500	Clopidogrel 75mg tablet	2.79	1,395.00
5	tab	100	Cinnarizine 25mg tablet	1.49	149.00
6	cap	100	Doxycycline 10mg capsule	14.74	1,474.00
7	tab	500	Fenofibrate 160mg tablet	29.79	14,895.00
8	tab	600	Ferrous Salt equiv. to 60mg elemental iron tablet	1.17	702.00
9	cap	500	Ferrous Sulfate + Folic Acid 60mg elemental iron +	3.79	1,895.00
10	tab	300	Furosemdie 20mg tablet	1.29	387.00
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Total Amount			*Fifty Thousand Seventy Three Pesos 00/100*	**Php**	**50,073.00**

PROVINCIAL GENERAL SERVICES OFFICE
Am
10-17-22

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
11-3-2022
(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.