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-D0109-I

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	capsule	2000	Cloxacillin 500mg	4.35	8,700.00
2	capsule	3000	Mefenamic acid 500mg	12.78	38,340.00
3	capsule	3000	Amoxicillin 500mg	4.47	13,410.00
4	capsule	500	Clindamycin 300mg	36.99	18,495.00
5	tablet	2000	Paracetamol 500mg	1.98	3,960.00
6	tablet	500	Atorvastatin 20mg	10.60	5,300.00
7	tablet	500	Simvastatin 20mg	5.48	2,740.00
8	tablet	200	Eperisone hcl 50mg	28.98	5,796.00
9	tablet	300	Ketoanalogue + Essential Amino Acids	52.99	15,897.00
10	tablet	500	Ascorbic Acid 500mg	5.49	2,745.00
11	tablet	500	Azithromycin 500mg	109.99	54,995.00
12	tablet	500	Ferrous Sulfate 500mg	1.17	585.00
13	capsule	500	Celecoxib 200mg	9.99	4,995.00
14	tablet	1000	Vitamin B Complex	3.98	3,980.00
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Total Amount			*One Hundred Seventy Nine Thousand Nine Hundred Thirty Eight Pesos 00/100*	**Php**	179,938.00

PROVINCIAL GENERAL SERVICES OFFICE RECORDS RECEIVED BY Ann DATE 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

GENERAL FUND

Conforme:

for Gcmed Pharmaceutical Distributor
Signature over printed Name

11-3-22
(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: _____