P.A No.: 2309
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-N
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	vial	612	Ceftriaxone 1g	178.00	108,936.00
2	tablet	500	Ascorbic Acid 500mg	5.49	2,745.00
3	bot	50	Ascorbic Acid syrup 60ml	39.49	1,974.50
4	amp	300	HNBB 20mg/ml	57.99	17,397.00
5	amp	300	Ketorolac 30mg/ml	47.49	14,247.00
6	amp	500	Paracetamol 150mg/2ml	14.78	7,390.00
7	amp	300	Metoclopromide 5mg/ml, 2ml	14.97	4,491.00
8	vial	400	Metronidazole 5mg/100ml	56.99	22,796.00
9	amp	200	Tetanus Toxoid 0.5ml	107.98	21,596.00
10	sach	300	Oral Rehydration Salt	6.47	1,941.00
11	amp	500	Ranitidine 25mg/2ml	31.00	15,500.00
12	sach	200	N-Acetycysteine 600mg	27.70	5,540.00
13	tablet	500	Vitamin B Complex	3.98	1,990.00
14	tablet	300	Clonidine 75mcg	16.49	4,947.00
15	bot	50	Zinc Sulfate Syrup	48.99	2,449.50
16	bot	50	Aloh + MGOH Susp 60ml	29.99	1,499.50
17	tablet	1000	Paracetamol 500mg tab	1.98	1,980.00
18	capsule	500	Cefalexin 500mg	8.94	4,470.00
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Total Amount			***Two Hundred Forty One Thousand Eight Hundred Eighty Nine Pesos & 50/100***		**Php 241,889.50**

PROVINCIAL GENERAL RECORDED & ACCOUNTED BY Am DATE 10-17-22 ACCOUNTS OFFICE

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 Cmla
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: _____