Republic of the Philippines
PROVINCE OF ISABELA

PURCHASE ORDER

P.A. NO: 2593
DATE:
BY:

Supplier : *Gcmed Pharmaceutical Distributor*
Address : *Lot 2 Blk 19, Villa Christine Royalle, San Miguel, Pasig City*

P.O. No. : 22-10-00121
Date : October 26, 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	200	Atorvastatin 20mg tablet	10.60	2,120.00
2	cap	300	Omeprazole 40mg capsule	27.99	8,397.00
3	tab	300	Potassium Chloride 600mg tablet	17.98	5,394.00
4	tab	100	Prednisone 30mg tablet	42.00	4,200.00
5	tab	100	Pregabalin 75mg tablet	82.50	8,250.00
6	tab	100	Sambong 500mg tablet	6.42	642.00
7	tab	200	Sodium Bicarbonate 650mg tablet	1.15	230.00
8	tab	200	Spironolactone 25mg tablet	14.99	2,998.00
9	tab	300	Trimetazidine 35mg tablet	12.44	3,732.00
10	neb	500	Salbutamol 2mg/ml, 2.5ml (unit dose) Nebule	10.98	5,490.00
11	cap	50	Ursodeoxycholic Acid 250mg capsule	137.99	6,899.50
12	tab	500	Vitamin B1 B6 B12 100mg+5mg+50mcg(B-complex)	3.98	1,990.00
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Total Amount			*Fifty Thousand Three Hundred Forty Two Pesos & 50/100*		Php 50,342.50

PROVINCIAL GENERAL SERVICES OFFICE
RECEIVED
BY: AM
DATE: 10-26-22

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
11-7-22
(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: _____