



Republic of the Philippines  
 PROVINCE OF ISABELA  
**PURCHASE ORDER**

Supplier : Gemed Pharmaceutical Distributor  
 Address : Lot 2 Blk 19, Villa Christine Royale, San Miguel, Pasig City

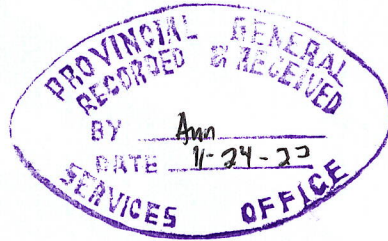
P.O. No. : 22-11-D01330  
 Date : November 24, 2022

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	700	Cefuroxime 750mg vial	89.99	62,993.00
2	neb	400	Ipratropium + Salbutamol 500mcg +2.5mg x 2.5ml(Unit c	24.40	9,760.00
3	vial	200	Lidocaine 2%, 50ml, Vial (Local Anesthesia)	54.98	10,996.00
4	carp	200	Lidocaine 2% 1.8ml with Epinephrine Carpule (dental an	28.98	5,796.00
5	vial	400	Ceftriaxone 1g + 10ml Diluent vial	178.00	71,200.00
6	vial	400	Metronidazole 5mg/ml 100ml vial	56.99	22,796.00
7	amp	200	Methylergometrine 200mcg/ml, 1ml amp	69.98	13,996.00
8	vial	100	Potassium Chloride 2mEq/ML, 20ml vial	48.00	4,800.00
9	vial	400	Salbutamol 2mg/ml 2.5 (unit dose) Nebule	18.00	7,200.00
10	amp	200	Vaccine, Tetanus Toxoid 0.5ml	107.98	21,596.00



**Total Amount** Two Hundred Thirty One Thousand One Hundred Thirty Three Pesos & 00/100 **Php** 231,133.00

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:   
 Gemed Pharmaceutical Distributor  
 Signature over printed Name  
12-23-22  
 (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: \_\_\_\_\_