P.A. NO: 2574
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. : 22-12-D0135A
Date : December 5, 2022

Gentlemen:

Please furnish this office the following articles subject to the terms and conditions contained herein:

Place of Delivery : *PGSO – GFNDMH* **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	tube	30	Betamethasone Cream 0.1%, 5g Tube	202.98	6,089.40
2	supp	100	Bisacodyl 5mg Suppository	31.98	3,198.00
3	amp	100	Dobutamine 50mg/ml, 5ml ampule	389.99	38,999.00
4	amp	100	Dopamine 40mg/ml, 5ml ampule	88.98	8,898.00
5	tube	60	Erythromycin Eye Ointment 0.5%, 5g tube	157.00	9,420.00
6	bottle	100	Lactulose 3.3g/5ml, 120ml syrup	199.99	19,999.00
7	tube	100	Mupirocin Cream 2%, 15g tube	149.98	14,998.00
8	bottle	50	Fleet Enema 60ml	309.60	15,480.00
9	vial	18	Sevoflurane 250ml bottle	11,000.00	198,000.00
10	tube	50	Siver Sulfadiazine Cream 1%, 25g tube	124.98	6,249.00
Total Amount			*Three Hundred Twenty One Thousand Three Hundred Thirty Pesos & 40/100*	**Php**	**321,330.40**

PROVINCIAL GENERAL SERVICES OFFICE
Ann
12-5-22

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

12-05-22
(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: _____