



Republic of the Philippines
 PROVINCE OF ISABELA
PURCHASE ORDER

P.A. NO: 2575
 DATE: _____
 BY: _____

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

P.O. No.: 22 - 12-D0136A
 Date: December 5, 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	amp	100	Enoxaparin 100mg/ml, 0.6ml pre-filled syringe	464.98	46,498.00
2	vial	1500	Hydrocortisone 100mg powder, vial	34.99	52,485.00
3	vial	500	Hydrocortisone 250mg powder, vial	108.84	54,420.00
4	amp	100	Iron Sucrose 20mg/ml 5ml ampule	287.95	28,795.00
5	amp	100	Chlorphenamine 10mg/ml 1ml ampule	11.98	1,198.00
6	amp	100	Diphenhydramine (as Hydrochloride) 50mg/ml 1ml ampule	79.19	7,919.00
7	amp	500	Metoclopramide 5mg/ml, 2ml ampule	14.97	7,485.00
8	amp	100	Phytomenadione 10mg/ml, 1ml ampule	48.75	4,875.00
9	amp	100	Oxacillin 500mg vial	129.95	12,995.00
10	amp	200	Epoetin Alfa(recombinant human thropoietin) 4000 IU	550.00	110,000.00
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PROVINCIAL GENERAL
 RECORDED & RECEIVED
 BY Ann
 DATE 12-5-22
 SERVICES OFFICE

Total Amount Three Hundred Twenty Six Thousand Six Hundred Seventy Pesos 00/100 **Php** 326,670.00

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: _____
Gcmcd Pharmaceutical Distributor
 Signature over printed Name

 (Date) 12-16-22

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: _____