

Total Amount

Republic of the Philippines PROVINCE OF ISABELA

DATE:_

Php

333,989.00

BY:

PURCHASE ORDER

plier :	Gcmed Pha	rmaceutical D	P.O. No.: 22-12-00142A			
Address:	Lot 2 Blk 1	19, Villa Christine Royalle, San Miguel, Pasig City			P.O. No.: 22-12-00 142A Date: December 5. 2022	
Gentleme		h this office t	he following articles subject to the terms	s and conditions conta	ined herein:	
Place of Delivery :		PGSO - GFNDMH		Delivery Term:	Charge Check	
Date of Delivery : _		seven (7) days after receipt of P.O.		Payment Term:		
Item No.	Unit	Quantity	Description		Unit Cost	Amount
1 2	vial amp	600	Ciprofloxacin 2mg/ml, 1000ml vial Clindamycin 150mg/ml, 4ml ampule		399.99 187.99	239,994.00

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,

Conforme:	Gcmed Pharmaceutical Distributor		RODOLFO T. ALBANO III Provincial Governor				
	Signature over printed Name	-	•				
	(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 Cor	rect:	Date:					

Three Hundred Thirty Three Thousand Nine Hundred Eighty Nine Pesos 00/100

