P.A No.: 2748
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-D0161
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	tab	100	Allopurinol 100mg tablet	3.99	399.00
2	tab	100	Allopurinol 300mg tablet	9.24	924.00
3	tab	1000	Amlodipine 5mg tablet	2.67	2,670.00
4	tab	1000	Amlodipine 10mg tablet	5.99	5,990.00
5	tab	1000	Atorvastatin 20mg tablet	10.60	10,600.00
6	tab	3000	Atorvastatin 40mg tablet	18.84	56,520.00
7	tab	500	Atorvastatin 80mg tablet	22.99	11,495.00
8	tab	600	Betahistine 16mg tablet	60.99	36,594.00
9	tab	200	Bisacodyl 5mg tablet	5.89	1,178.00
10	tab	500	Butamirate Citrate 50mg MR Tablet	15.99	7,995.00
11	tab	1000	Calcium Carbonate + Cholecalciferol (Vit. D3) Tablet	4.49	4,490.00
12	tab	100	Captopril 25mg tablet	3.19	319.00
13	tab	1000	Carvedilol 6.25mg tablet	7.49	7,490.00
14	tab	500	Carvedilol 25mg tablet	9.99	4,995.00
15	cap	2000	Cefalexin 500mg capsule	8.94	17,880.00
16	cap	500	Cefixime 200mg capsule	29.99	14,995.00
17	tab	2000	Cefuroxime 500mg tablet	18.77	37,540.00
18	cap	2500	Celecoxib 200mg capsule	9.99	24,975.00
19	tab	1500	Citirizine 10mg tablet	26.95	40,425.00
20	tab	200	Cinnarizine 25mg tablet	1.49	298.00
21	cap	600	Clindamycin 300mg capsule	36.99	22,194.00
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Total Amount			*Three Hundred Nine Thousand Nine Hundred Sixty Six Pesos 00/100*	**Php**	**309,966.00**

PROVINCIAL GENERAL SERVICES OFFICE
RECORDED & RECEIVED
BY Ann
DATE 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
12-12-22
(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: _____

GENERAL FUND