P.A. NO. 2789
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. : 22-12-10164-A
Date : December 9, 2022

Gentlemen:

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

Place of Delivery : *PGSO - Cauayan District Hospital* **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	1000	Ranitidine 25mg/ml, 2ml amp	31.00	31,000.00
2	vial	200	Cloxacillin 500mg	309.98	61,996.00
3	vial	1000	Hydrocortisone 100mg	34.99	34,990.00
4	vial	500	Hydrocortisone 250mg	108.84	54,420.00
5	neb	1200	Ipratropium + Salbutamol 500mcg + 2.5mg x 2.5ml (un	24.40	29,280.00
6	neb	500	Budesonide 250mcg/ml, 2ml respiratory solution nebul	63.99	31,995.00
7	vial	1200	Salbutamo 2mg/ml, 2.5ml (unit dose)	18.00	21,600.00
8	vial	1000	Ceftriaxone 1g v	178.00	178,000.00
9	vial	1000	Cefuroxime 750mg	89.99	89,990.00
10	vial	1000	Ampicillin 500mg	27.99	27,990.00
Total Amount			*Five Hundred Sixty One Thousand Two Hundred Sixty One Pesos 00/100*		**Php 561,261.00**

PROVINCIAL GENERAL SERVICES OFFICE
RECEIVED
BY Am
DATE 12-9-22

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

12-19-22
(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: _____