



Republic of the Philippines
PROVINCE OF ISABELA
PURCHASE ORDER

P.A. NO.: 2559
DATE: _____
BY: _____

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

P.O. No. : 22-12-00170
Date : December 12, 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	capsule	400	Celecoxib 200mg cap	9.99	3,996.00
2	capsule	3000	Amoxicillin 500mg cap	4.47	13,410.00
3	capsule	3000	Mefenamic Acid 500mg cap	12.78	38,340.00
4	capsule	3000	Cefalexin 500mg cap	8.94	26,820.00
5	capsule	300	Cefuroxime 500mg cap	18.77	5,631.00
6	capsule	1000	Ferrous Sulfate tab	1.17	1,170.00
7	tablet	500	Carvedilol 6.25mg tab	7.49	3,745.00
8	tablet	500	Carvedilol 25mg tab	9.99	4,995.00
9	tablet	600	Atorvastatin 40mg tab	18.84	11,304.00
10	tablet	1000	Cetirizine 10mg tab	26.95	26,950.00
11	tablet	200	Allopurinol 100mg tab	3.99	798.00
12	tablet	1000	Cinnarizine 25mg tab	1.49	1,490.00
13	tablet	200	Betahistine 16mg tab	60.99	12,198.00
14	tablet	500	Clonidine 75mg tab	16.49	8,245.00
15	tablet	200	Spironolactone 25mg tab	14.99	2,998.00
16	tablet	200	Isoxsuprine Hydrochloride 10mg tab	19.49	3,898.00
17	tablet	200	Nifedipine 5mg tab	6.98	1,396.00
18	tablet	300	Telmisartan 40mg tab	16.05	4,815.00
19	sachet	150	Oral Rehydration salt 20.5g sachet	6.47	970.50
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Total Amount One Hundred Seventy Three Thousand One Hundred Sixty Nine Pesos & 50/100 **Php** 173,169.50

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
12.15.22
(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: _____