



Republic of the Philippines  
 PROVINCE OF ISABELA  
**PURCHASE ORDER**

P.A. NO: 2799  
 DATE: \_\_\_\_\_  
 BY: \_\_\_\_\_

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

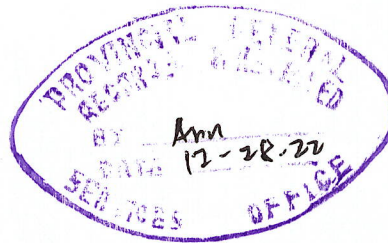
P.O. No. : 27-12-2021  
 Date : December 28, 2021

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	vial	600	Ceftriaxone 1g	178.00	106,800.00
2	amp	400	Tetanus Toxoid Amp 0.5ml	107.98	43,192.00
3	nebule	1020	Salbutamol neb	18.00	18,360.00
4	vial	400	Cefuroxime 750mg	89.99	35,996.00
5	vial	400	Hydrocortisone 100mg	34.99	13,996.00
6	vial	200	Hydrocortisone 250mg	108.84	21,768.00
7	bot	600	Metronidazole 500mg/100ml	56.99	34,194.00
8	amp	500	Ranitidine 50mg/2ml	31.00	15,500.00
9	amp	500	Paracetamol 300mg/2ml	14.78	7,390.00
10	sachet	300	Oral Dehydration salt	6.47	1,941.00
11	tablet	500	Paracetamol tab	1.98	990.00



**Total Amount** Three Hundred Thousand One Hundred Twenty Seven Pesos 00/100 **Php** 300,127.00

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: Gcmed Pharmaceutical Distributor  
 Signature over printed Name  
12-28-21  
 (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: \_\_\_\_\_