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. : 22-12-00197-A
Date : December 29, 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	amp	200	Vitamin B-Complex Ampule	73.98	14,796.00
2	amp	200	Serum, Anti-Tetanus(ATS) 1500IU/0.7ml, 0.7ml ampule	77.98	15,596.00
3	amp	300	Serum, Tetanus Antitoxin (ATS) 3000IU/0.95ml	512.45	153,735.00
4	amp	600	Tramadol 50mg/ml, 1ml ampule	37.99	22,794.00
5	bottle	144	Zinc 27.mg/ml (equiv to 10mg elemental zinc), 15ml or	71.99	10,366.56
6	bottle	150	Zinc 70mg/5ml (equiv to 10mg elemental zinc), 60ml sy	48.99	7,348.50
7	neb	1200	Salbutamol 2mg/ml, 2.5ml (unit dose) nebule	18.00	21,600.00
8	neb	1200	Salbutamol + Ipratropium neb	34.43	41,316.00
9	bottle	200	Paracetamol 250mg/5ml, 60ml bottle	88.38	17,676.00
10	vial	600	Sterile Water for Injection 50ml bottle	40.00	24,000.00
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Total Amount			*Three Hundred Twenty Nine Thousand Two Hundred Twenty Eight Pesos & 06/100*	**Php**	**329,228.06**

PROVINCIAL GENERAL SERVICES OFFICE RECORDED & REVIEWED BY Am DATE 12-29-22

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

12-29-22
(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: _____