



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

P.A. NO: <sup>577</sup>  
DATE: 3/17/22  
BY: [Signature]

Supplier: GCMED Pharmaceutical Distributor  
Address: San Miguel, Pasig City

P.O. No.: 22-03-D0021  
Date: March 17, 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	vial	1000	Omeprazole 40mg powder vial 10ml solvent Ampule	477.95	477,950.00
2	vial	200	Amikacin (as Sulfate) 50mg/ml, 2ml vial	39.51	7,902.00
3	ampule	1000	Ketorolac 30mg/ml, 1ml Ampule	91.98	91,980.00
4	nebule	2000	Salbutamol 2mg/ml, 2.5ml (unit dose) Nebule	10.98	21,960.00
5	bottle	720	Sterile Water for Injection 50ml bottle	32.98	23,745.60
6	vial	300	Metronidazole 5mg/ml, 1000ml vial	88.97	26,691.00
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PROVINCIAL GENERAL  
RECORDED & RECEIVED  
BY: km  
DATE: 3-17-22  
SERVICES OFFICE

**Total Amount** Six Hundred Fifty Thousand Two Hundred Twenty Eight Pesos 60/100 **Php** 650,228.60

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,

[Signature]  
**RODOLFO T. ALBANO III**  
Provincial Governor

Conforme: [Signature]  
GCMED Pharmaceutical Distributor  
Signature over printed Name  
3.21.22  
(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