



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

P.A. No. 1971  
 Date: 9/27/22  
 B. 8

Supplier : RLT Drug  
 Address : Bliss Village, City of Ilagan, Isabela

P.O. No. : 22-09-D0103  
 Date : September 28, 2022

Gentlemen:

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

Place of Delivery : PGSO SAN MARINO COMMUNITY 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	300 ✓	ATS 3000 IU	512.45	153,735.00
2	bot	50 ✓	AMBROXOL DROPS	52.50	2,625.00
3	bot	50 ✓	AMBROXOL SYR 60ML	65.75	3,287.50
4	tab	200 ✓	BETA HISTINE 16MG TAB	60.99	12,198.00
5	vial	600 ✓	CEFUROXIME 750MG	89.99	53,994.00
6	tube	100 ✓	ERCEFLORA TUBE	-	-
7	amp	30 ✓	NICARDIPINE AMP	418.99	12,569.70
8	cap	100 ✓	OMX CAP	-	-
9	vial	300 ✓	OMEPRAZOLE VIAL	334.98	100,494.00
10	amp	300 ✓	PARACETAMOL AMP	14.78	4,434.00
11	bot	80 ✓	PARACETAMOL 250MG/5ML	88.38	7,070.40
12	neb	1000 ✓	SALBUTAMOL 1MG/ML	18.00	18,000.00
13	neb	300 ✓	SALBUTAMOL + IPRATROPIUM	24.40	7,320.00
14	tab	200 ✓	TAMSULOSIN 0.4MCG	20.97	4,194.00
15	amp	50 ✓	TRANEXAMIC ACID 500MG/5ML	194.98	9,749.00

**Total Amount** Three Hundred Eighty Nine Thousand Six Hundred Seventy Pesos & 60/100 **Php** 389,670.60

In case of failu Phil percent for every day of delay shall be imposed.

Very truly yours,

Conforme:

Michael  
RLT Drug

Signature over printed Name

10-6-22

(Date)

Rodolfo T. Albano III  
 Provincial Governor

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: \_\_\_\_\_

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