



**PURCHASE ORDER**

Supplier : Gcmed Pharmaceutical Distributor  
Address : Legend Mansion Condominium, 212 San Juan St., Brgy. 37, 1300 Pasay City N

P.O. No. : 23-11-00045 E  
Date : November 23, 2023

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		Amount
1	vial	500	Ampicillin + Sulbactam 1.5G Vial	299.87	149,935.00
2	ampule	50	Chlorpehniramine 10mg/ml ampule	11.86	593.00
3	nebule	500	Budesonide 250mcg/ml 2.5ml nebule	54.88	27,440.00
4	ampule	300	Norepinephrine ampule	399.88	119,964.00
5	ampule	300	Clindamycin 150mg/ml 4ml ampule	268.44	80,532.00
6	vial	2,055	Ceftriaxone 1g vial	257.01	528,155.55
7	vial	30	Vancomycin 1G vial	1,400.00	42,000.00
8	ampule	100	Norepinephrine ampule	399.88	39,988.00



**Total Amount** Nine Hundred Eighty Eight Thousand Six Hundred Seven Pesos & 55/100 Php **988,607.55**

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**  
Governor

Conforme:   
Gcmed Pharmaceutical Distributor  
(Signature over printed Name)  
12-27-23  
(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: \_\_\_\_\_