



Republic of the Philippines
PROVINCE OF ISABELA

PURCHASE ORDER

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

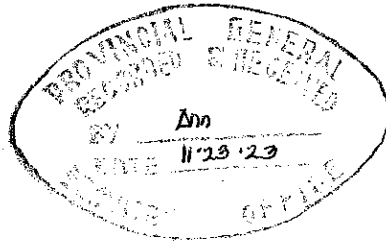
P.O. No. : **23-11-00045 C**
Date : **November 23, 2023**

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	tablet	1,800	Cefuroxime 500mg tablet	37.42	67,356.00
2	ampule	200	Diclofenac 25mg/ml, 3ml solution for injection	19.77	3,954.00
3	vial	461	Ceftriaixne 1g powder for injection vial + 10ml diluent	257.01	118,481.61
4	capsule	10,000	Amoxicillin 500mg capsule	4.35	43,500.00
5	capsule	1,000	Celecoxib 200mg capsule	9.87	9,870.00
6	tablet	315	Co-Amoxiclav (Amoxicillin + Clavulanic Acid) 500mg + 125mg	18.88	5,947.20
7	vial	690	Vaccine, Tetanus Toxoid 40 IU (5 lf)/0.5 ml, 0.5ml suspension	79.88	55,117.20
8	capsule	4,300	Cefalexin 500mg capsule	6.28	27,004.00
9	capsule	100	Clindamycin 150mg capsule	6.50	650.00
10	capsule	2,400	Cloxacillin (as Sodium) 500mg capsule	4.22	10,128.00
11	tablet	1,000	Ferrous Salt (equiv. to 60mg elemental iron)	1.05	1,050.00
12	capsule	1,000	Multivitamins Capsule	4.78	4,780.00
13	vial	200	Hydrocortisone 100mg powder for injection	69.87	13,974.00
14	capsule	200	Loperamide 2mg capsule	2.56	512.00
15	capsule	100	Ketoanalogues Essential Amino Acids Capsule	52.87	5,287.00
16	tablet	100	Butamirate 50mg Modified Release Tablet	15.38	1,538.00
17	tablet	500	Cetirizine 10mg tablet	4.38	2,190.00
18	tablet	100	Montelukast 10m tablet	8.55	855.00



Total Amount **Three Hundred Seventy Two Thousand One Hundred Ninety Four Pesos & 01/100** **Php** **372,194.01**

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,

Conforme:

Gcmed Pharmaceutical Distributor

(Signature over printed Name)

11-21-23

(Date)

RODOLFO T. ALBANO III
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: _____