



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

Supplier : **GCMED PHARMACEUTICAL DISTRIBUTOR**  
 Address : **Mansion Condominium 212 San Juan St Brgy. 537, Pasay City**

P.O. No. : **2023-04-0073(11)**  
 Date : **4-20-2023**

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

Place of Delivery : \_\_\_\_\_ Delivery Term : \_\_\_\_\_  
 Date of Delivery : \_\_\_\_\_ Payment Term : \_\_\_\_\_

ITEM NO.	UNIT	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
1	PC	50	Cotrimazole 1% 10mg crm	150.00	7,500.00
2	PC	30	Clobetasole 5% 10g crm	150.00	4,500.00
3	PC	20	Arm sling, medium	129.60	2,592.00
4	PC	20	Arm sling, large	129.60	2,592.00
5	PC	20	Leukoplast plaster 11.25cm x 1m	50.00	1,000.00
6	PC	150	Bacillus clausii, probiotic, 5ml oral suspension	30.00	4,500.00
7	KIT	25	Urine Strips, 4 parameters	653.25	16,331.25
8	BOX	12	3 in 1 multifunction kit, complete set (Uric, Glucose, Choleterol)	3,500.00	42,000.00
9	BOX	20	Cotrimoxazole 400mg/80mg	200.00	4,000.00
10	BOX	20	Clonidine 75mcg	150.00	3,000.00
11	BOX	20	Clonidine 150mcg	200.00	4,000.00
12	BOX	20	Almlopidine 10mg	450.00	9,000.00
13	BOX	30	Paracetamol 500mg	450.00	13,500.00
14	BOX	25	AlMgOH tab	350.00	8,750.00
15	PC	500	Ibuprofen 200MG Soft Gel	9.00	4,500.00
16	BOX	20	Amoxicillin 500mg	300.00	6,000.00
17	BOX	20	Cetirizine 10mg	350.00	7,000.00
18	BOX	20	Loratidine 10mg	450.00	9,000.00
19	BOX	20	Mefenamic acid 500mg cap	450.00	9,000.00
20	BOX	200	Multivitamins + mineral tab	450.00	90,000.00
21	BOX	20	Phenylpropanolamine forte cap	300.00	6,000.00
22	PC	50	Hyoscine + Paracetamol	10.00	500.00
23	BOX	50	Phenylephrine HCl Chlorphenamine 500mg	175.00	8,750.00
24	BOX	5	100 Latex Gloves (powder free/disposable) medium	628.50	3,142.50
25	PC	40	Gauze bandage 4x6 yards	100.00	4,000.00
26	PC	40	Elastic bandage 3x5 yards	65.00	2,600.00
27	BOX	25	Diphenhydramine IV 50mg ml	300.00	7,500.00

PROVINCIAL GENERAL RECEIVED & RECORDED  
 BY AILEEN  
 DATE 4-20-2023  
 SERVICES OFFICE

(Total Amount in Words)

In case of the 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.

Conforme :

Very truly yours :

**GCMED PHARMACEUTICAL DISTRIBUTOR**

(Signature over printed name)

4-21-23

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 :



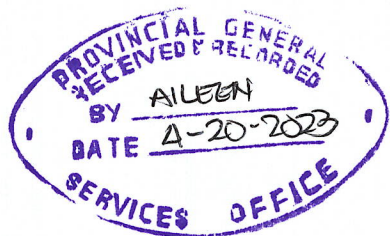
Republic of the Philippines  
**PROVINCE OF ISABELA**  
**PURCHASE ORDER**

Supplier : GCMED PHARMACEUTICAL DISTRIBUTOR P.O. No. : 2023-04-0073C11  
 Address : San Miguel, Pasig City Date : 4-20-2023

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


Place of Delivery : \_\_\_\_\_ Delivery Term : \_\_\_\_\_  
 Date of Delivery : \_\_\_\_\_ Payment Term : \_\_\_\_\_

ITEM NO.	UNIT	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
28	PC	25	Mupirocin 20mg 5g Oinment	275.00	6,875.00
29	BOX	15	Ranitidine 25mg/ml IV	200.00	3,000.00
30	BOX	15	Tramadol 100mg/ml IV	175.00	2,625.00
31	BOX	15	Hyoscine 20mg/ml IV	250.00	3,750.00
32	BOX	15	Paracetamol 100mg/ml	150.00	2,250.00
33	PC	15	PNSS 1L	100.00	1,500.00
34	PC	15	Macroset	100.00	1,500.00
35	PC	16	Venocath g. 22	130.00	2,080.00
36	PC	16	Torniquet	25.00	400.00
37	PC	2,780	Gatorade	60.00	166,800.00
38	BOT	15	Medical Portable Oxygen Cylinder 10L <small>***** nothing follows *****</small>	590.00	8,850.00



**(Total Amount in Words)** *Four Hundred Eighty Thousand Eight Hundred Eighty-seven Pesos And 75/100 Only.* **480,887.75**

In case of the 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.

Conforme :  
  
**GCMED PHARMACEUTICAL DISTRIBUTOR**  
 \_\_\_\_\_  
 (Signature over printed name)  
 \_\_\_\_\_  
 Date

Very truly yours :  
  
**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 : \_\_\_\_\_