



Republic of the Philippines
PROVINCE OF ISABELA
PURCHASE ORDER

P.A. NO: 726
DATE: 4/5/22
BY: [Signature]

Supplier : Gcmed Pharmaceutical Distributor

P.O. No. : 22-04-D003L

Address : Lot 2 Blk 19, Villa Christine Royale, San Miguel, Pasig City

Date : April 5, 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	sachet	50	Acetylcysteine 200mg	13.93	696.50
2	tab	100	Alloprinbol 300mg tablet	11.04	1,104.00
3	cap	200	Amoxicillin 250mg capsule	2.20	440.00
4	cap	500	Atorvastatin 20mg capsule	13.95	6,975.00
5	tab	200	Captopril 25mg tablet	2.98	596.00
6	tab	500	Cetirizine 10mg tablet	9.85	4,925.00
7	tab	100	Cinnarizine 25mg tablet	1.84	184.00
8	tab	200	Clonidine 75mcg tablet	51.97	10,394.00
9	tab	500	Clopidogrel 75mg tablet	18.95	9,475.00
10	tab	100	Fenofibrate 150mg tablet	27.70	2,770.00
11	cap	500	Ferrous Sulfate + Folic Acid	4.78	2,390.00
12	cap	500	Ferrous Sulfate tbale	2.74	1,370.00
13	tab	200	Furosemide 40mg tablet	2.99	598.00
14	cap	100	Gabapentin 300mg capsule	20.15	2,015.00
15	tab	100	Isosorbide Dinitrate 5mg SL (Isordil)	9.45	945.00
16	tab	200	Isosorbide Mononitrate 30mg tablet	16.38	3,276.00
17	tab	100	Lagundi Tablet 500mg	3.18	318.00
18	cap	300	Omeprazole 40mg capsule	88.99	26,697.00
19	tab	100	Prednisone 10mg tablet	3.98	398.00
20	tab	100	Prednisone 20mg tablet	4.94	494.00
21	tab	100	Prednisone 30mg tab 5mg	3.94	394.00
22	tab	100	Propranolol 10mg	18.85	1,885.00
23	tab	200	Sambong 500mg tablet	6.43	1,286.00
24	cap	300	Tranexamic acid 500mg capsule	45.95	13,785.00
25	tab	500	Trimethazidine 35mg tablet	12.46	6,230.00



Total Amount

Ninety Nine Thousand Six Hundred Forty Pesos 50/100

Php 99,640.50

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:

[Signature]
Gcmed Pharmaceutical Distributor
Signature over printed Name
4-19-22
(Date)

[Signature]
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: _____