



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

P.A. NO: 727  
DATE: 4/5/22  
BY: \_\_\_\_\_

Supplier : Gcmed Pharmaceutical Distributor

P.O. No. : 12-04 - 00037

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

Date : April 5, 2022

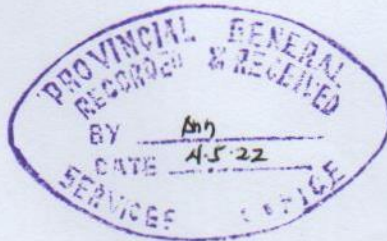
Gentlemen:

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	amp	10	Amiodarone 50mg ampule, 3ml	341.62	3,416.20
2	vial	50	Ampicillin 1gm vial	31.87	1,593.50
3	vial	200	Cefazolin 1G vial	353.95	70,790.00
4	amp	30	Chlorphenamine ampule	13.49	404.70
5	amp	100	Clindamycin 600mg ampule 150mg/ml. 4ml.	297.96	29,796.00
6	bot	20	D5 Water 250ml		-
7	bot	10	Dextran 70 in 500ml	483.79	4,837.90
8	bot	40	Dextrose 50-50ml	39.98	1,599.20
9	amp	50	Diclofenac Ampule	19.90	995.00
10	amp	30	Hydralazine ampule	229.95	6,898.50
11	amp	300	Ketorolac Ampule	91.98	27,594.00
12	amp	100	Metoclopramide Ampule	34.96	3,496.00
13	amp	50	Phenytoin Ampule	828.95	41,447.50
14	amp	50	Phyomenadione ampule	49.58	2,479.00
15	amp	50	Propofol Ampule	502.97	25,148.50
16	bot	100	Sterile water for Injection 50ml	32.98	3,298.00
17	amp	20	Terbutaline Ampule 500mcg/ml. 1ml	97.94	1,958.80



**Total Amount**

**Two Hundred Twenty Five Thousand Seven Hundred Fifty Two Pesos 80/100**

**Php 225,752.80**

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  
4-18-22  
(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: \_\_\_\_\_