



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

P.A. NO: 2577  
 DATE: \_\_\_\_\_  
 BY: \_\_\_\_\_

Gcmed Pharmaceutical Distributor

P.O. No.: 22-12-00138A

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

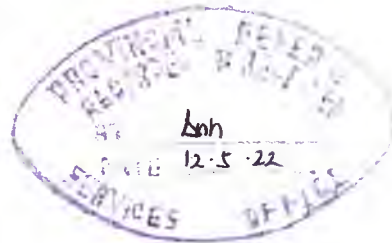
Date: December 5, 2022

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	vial	300	Bupivacaine 0.5%, 4ml (spinal) with 8% Dextrose (as t	349.99	104,997.00
2	vial	50	Bupivacaine 0.5%, Plain 5mg/ml (Isobaric) Ampule	650.00	32,500.00
3	amp	100	Enoxaparin 100mg/ml, 0.4ml pre-filled syringe	398.00	39,800.00
4	amp	300	Hydralazine 20mg/ml, 1ml ampule	180.00	54,000.00
5	amp	600	Tramadol 50mg/ml, 1ml ampule	37.99	22,794.00
6	amp	300	Vitamin B1 B6 B12 10mg + 100mg+1mg, 3ml (B-Comp	73.98	22,194.00
7	bottle	50	Aluminum Hydroxide + Magnesium Hydroxide 225mg+	29.99	1,499.50



**Total Amount** Two Hundred Seventy Seven Thousand Seven Hundred Eighty Four Pesos & 50/100 **Php** 277,784.50

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,

**RODOLFO T. ALBANO III**  
 Provincial Governor

Conforme:

Gcmed Pharmaceutical Distributor

Signature over printed Name

12-23-22  
 (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: \_\_\_\_\_

**GENERAL FUND**