



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

P.A No.: 2908

DATE: \_\_\_\_\_

BY: [Signature]

Supplier : Gcmed Pharmaceutical Distributor

P.O. No. : 22-12-D0143

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

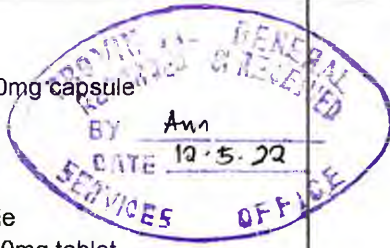
Date : December 5, 2022

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	tab	2000	Clopidogrel 75mg tablet	2.79	5,580.00
2	cap	1000	Cloxacillin (as Sodium) 500mg capsule	4.34	4,340.00
3	tab	300	Colchicine 500mg tablet	2.74	822.00
4	tab	200	Diclofenac Na 50mg tablet	2.84	568.00
5	tab	1000	Domperidone 10mg tablet	16.49	16,490.00
6	cap	300	Doxycycline 100mg capsule	14.74	4,422.00
7	tab	600	Eperisone Hydrochloride 50mg tablet	28.98	17,388.00
8	tab	500	Febuxostat 40mg tablet	67.99	33,995.00
9	tab	200	Febuxostat 80mg tablet	80.99	16,198.00
10	tab	2000	Fenofibrate 160mg tablet	29.79	59,580.00
11	cap	2000	Ferrous Sulfate + Folic Acid 60mg elemental iron + 400mcg folic acid capsule	3.98	7,960.00
12	tab	5000	Ferrous Salt equiv to 60mg elemental iron tablet	1.17	5,850.00
13	tab	300	Furosemide 20mg tablet	1.29	387.00
14	tab	300	Furosemide 40mg tablet	1.89	567.00
15	cap	300	Gabapentin 100mg capsule	24.95	7,485.00
16	cap	300	Gabapentin 300mg capsule	14.98	4,494.00
17	tab	200	Gliclazide 30mg MR Tablet	3.49	698.00
18	tab	500	Gliclazide 80mg tablet	7.29	3,645.00
19	tab	600	Hyoscine (as N-Butyl Bromide) 10mg tablet	5.74	3,444.00
20	tab	500	Ibuprofen 400mg tablet	2.14	1,070.00
21	tab	6000	Losartan 50mg tablet	6.99	41,940.00
22	tab	5000	Mefenamic Acid 500mg tablet	9.95	49,750.00
23	tab	3000	Metformin Hydrchloride 500mg tablet	3.83	11,490.00
24	tab	100	Metoclopramide 10mg tablet	4.49	449.00
25	tab	500	Melatonin 3mg tablet	18.00	9,000.00



**Total Amount** Three Hundred Seven Thousand Six Hundred Twelve Pesos 00/100 **Php** 307,612.00

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,

[Signature]  
**RODOLFO T. ALBANO III**  
 Provincial Governor

Conforme: [Signature]  
 Gcmed Pharmaceutical Distributor  
 Signature over printed Name  
12-22-22  
 (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: \_\_\_\_\_

*[Faint handwritten notes]*