P.A. NO: 2797
DATE:
BY:

Republic of the Philippines
PROVINCE OF ISABELA

PURCHASE ORDER

Supplier : *Gcmed Pharmaceutical Distributor*
Address : *Lot 2 Blk 19, Villa Christine Royalle, San Miguel, Pasig City*

P.O. No. : 22-12-D0166-A
Date : December 9, 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	tablet	1000	Amlodipine 10mg tablet	5.99	5,990.00
2	tablet	500	Amlodipine 5mg tablet	2.67	1,335.00
3	capsule	1500	Ascorbic Acid + Zinc 50mg/10mg capsule	3.00	4,500.00
4	tablet	1500	Carvedilol 6.25mg Tablet	7.49	11,235.00
5	tablet	1400	Cefuroxime 500mg tablet	18.77	26,278.00
6	tablet	1400	Co-Amoxiclav 500mg + 125mg tablet	14.35	20,090.00
7	capsule	500	Cholecalciferol/Vit D Capsule	10.00	5,000.00
8	tablet	500	Citicholine 1g tablet	8.00	4,000.00
9	tablet	300	Digoxin 250mcg Tablet	4.98	1,494.00
10	capsule	200	Ketoanalogues Essential Amino Acids Capsule	52.99	10,598.00
11	tablet	200	Metronidazole 500mg tablet	3.83	766.00
12	tablet	200	Montelukast 4mg Chewable Tablet	6.99	1,398.00
13	tablet	200	Montelukast 10mg tablet	17.99	3,598.00
14	capsule	2000	Multivitamins for Adults Capsule	4.99	9,980.00
15	tablet	1000	Paracetamol 325mg + Tramadol 37.5mg tablet	79.16	79,160.00
16	tablet	200	Sodium Chloride Tablet	2.00	400.00
17	tablet	500	Sambong 500mg tablet	6.42	3,210.00
18	tablet	2000	Vitamin B Complex Tablet	3.98	7,960.00
19	tablet	1000	Zinc Gluconate Trihydrate Tablet	1.20	1,200.00
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Total Amount			*One Hundred Ninety Eight Thousand One Hundred Ninety Two pesos 00/100*		**Php 198,192.00**

PROVINCIAL GENERAL SERVICES OFFICE
RECORDED & RECEIVED
BY Ann
DATE 12-9-22

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

12-19-22
(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: _____