P.A. NO: 2557
DATE:
BY:

Republic of the Philippines
PROVINCE OF ISABELA
# PURCHASE ORDER

| | |
|---|---|
| ...plier : *Gcmed Pharmaceutical Distributor* | P.O. No. : 22-12-00168 |
| ...ddress : *Lot 2 Blk 19, Villa Christine Royalle, San Miguel, Pasig City* | 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 | amp | 1000 | Paracetamol 150mg/ml, 2ml ampule | 14.78 | 14,780.00 |
| 2 | vial | 300 | Omeprazole 40mg powder vial + 10ml solvent amp | 334.98 | 100,494.00 |
| 3 | vial | 1000 | Cefuroxime 750mg vial | 89.99 | 89,990.00 |
| **Total Amount** | | | *Two Hundred Five Thousand Two Hundred Sixty Four Pesos 00/100* | **Php** | **205,264.00** |

PROVINCIAL GENERAL SERVICES OFFICE
RECORDED & RELEASED
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

12-15-22
(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: ____________________