P.A. NO: 2787
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-D0174
Date : December 13, 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	ampule	200	Serum, Anti-tetanus (ATS) 1500 IU/0.7ml, 0.7ml ampul	77.98	15,596.00
2	ampule	300	Serum, Tetanus Antitoxin (ATS) 3000 IU/0.95ml ampul	512.45	153,735.00
3	vial	30	Adenosine 3mg ml, 2ml vial	1,798.00	53,940.00
4	ampule	50	Amiodarone 50mg/ml, 3ml ampule	321.15	16,057.50
5	vial	1800	Ceftazidime 1g vial	67.98	122,364.00
6	ampule	100	Citicholine 1g ampule	247.50	24,750.00
7	ampule	200	Clindamycin 150mg/ml, 4ml ampule	187.99	37,598.00
8	ampule	30	Digoxin 250mcg/ml, 2ml ampule	209.98	6,299.40
Total Amount			*Four Hundred Thirty Thousand Three Hundred Thirty Nine Pesos & 90/100*		**Php 430,339.90**

PROVINCIAL GENERAL SERVICES OFFICE RECORDED & RECEIVED BY: Ann DATE: 12-13-22

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: _____