Republic of the Philippines
PROVINCE OF ISABELA

PURCHASE ORDER

Supplier : *Gcmed Pharmaceutical Distributor* | **P.O. No. :** 22-12-D0194

Address : *Lot 2 Blk 19, Villa Christine Royalle, San Miguel, Pasig City* | **Date :** December 28, 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	tube	50	Betamethasone Cream 0.1%, 5g tube	202.98	10,149.00
2	supp	50	Bisacodyl 5mg Suppository	31.98	1,599.00
3	tube	30	Erythromycin Eye Ointment 0.5%, 5 tube	157.00	4,710.00
4	bottle	30	Lactulose 3.3g/5ml, 120ml syrup	199.99	5,999.70
5	tube	60	Mupirocin Cream 2% 15g tube	149.98	8,998.80
6	bottle	20	Fleet Enema 60ml	309.60	6,192.00
7	vial	15	Sevoflurane 250ml bottle	11,000.00	165,000.00
8	tube	30	Siver Sulfadiazine Cream 1%, 25g tube	124.98	3,749.40
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PROVINCIAL GENERAL SERVICES OFFICE
RECEIVED
BY Ann
DATE 12-29-22

Total Amount	*Two Hundred Six Thousand Three Hundred Ninety Seven Pesos & 90/100*	**Php**	**206,397.90**

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
12-28-22
(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: _____