



Republic of the Philippines
 PROVINCE OF ISABELA
PURCHASE ORDER

P.A. NO.: 2838
 DATE: _____
 BY: _____

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

P.O. No.: 22-12-00200
 Date: December 29, 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	bottle	50	I.V. Fluids, 0.9% Sodium Chloride 1L Solution for Irriga	65.00	3,250.00
2	vial	30	Sodium Bicarbonate 1meq/mL, 50mL Vial	109.98	3,299.40
3	tab	100	Isosorbide-5-Mononitrate 30mg MR Tablet	10.98	1,098.00
4	tab	100	Rebamipide Tablet	75.95	7,595.00
5	tab	50	Mebendazole 500mg tablet	3.98	199.00
6	amp	50	Propofol 10mg/ml, 20ml ampule	379.99	18,999.50
7	vial	100	Amikacin (as Sulfate) 50mg/ml, 2ml vial	36.40	3,640.00
8	amp	20	Aminophylline 25mg/ml, 10ml ampule	28.22	564.40
9	bottle	72	Cefuroxime 250mg/5ml, 50ml bottle	204.98	14,758.56
10	tab	100	Methylprednisolone 16mg tablet	25.28	2,528.00
11	tab	100	Dexamethasone 4mg tablet	21.69	2,169.00



Total Amount Fifty Eight Thousand One Hundred Pesos & 86/100 **Php** 58,100.86

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,

Conforme: _____
 Gcmed Pharmaceutical Distributor
 Signature over printed Name
Dr 29 22
 (Date)

RODOLFO T. ALBANO III
 Provincial Governor

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: _____