



Republic of the Philippines
 PROVINCE OF ISABELA
PURCHASE ORDER

P.A. NO: 521
 DATE: _____
 BY: _____

Supplier: Gcmed Pharmaceutical Distributor
 Address: Mansion Condominium, 212 San Juan St., Brgy. 037, District 02, Pasay City

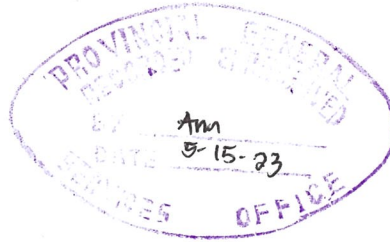
P.O. No.: 23-05-DO28
 Date: May 15, 2023

Gentlemen:

Please furnish this office the following articles subject to the terms and conditions contained herein:

Place of Delivery: PGSO - Manuel A. Pineda District Hospital 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	Atropine 1ml ampule	18.62	3,724.00
2	vial	10	Adenosine 3mg/ml 2ml vial	1,959.93	19,599.30
3	ampule	50	Amiodarone 50mg/ml 3ml amp	445.93	22,296.50
4	tablet	100	Isosorbide Dinitrate (Isordil) 5mg tablet	19.92	1,992.00
5	patch	30	Nitroglycerine Patch	114.00	3,420.00
6	ampule	30	Phenytoin 50mg/ml 2ml ampule	649.93	19,497.90
7	nebules	1500	Ipratropium + Salbutamol Nebules	32.43	48,645.00
8	tablet	100	Methylprednisolone 4mg tablet	12.81	1,281.00
9	ampule	30	Terbutaline Sulfate 500mcg/ml ampule	48.28	1,448.40
10	capsule	3000	Cefalexin 500mg capsule	6.33	18,990.00
11	capsule	2000	Cloxacillin 500mg capsule	4.27	8,540.00
12	ampule	200	Atropine 1mg/ml sulfate ampule	18.62	3,724.00
13	tablet	500	Metronidazole 500mg tablet	56.92	28,460.00
14	capsule	100	Folic Acid 5mg	3.52	352.00
15	tablet	500	Atrovastatin 40mg tablet	16.93	8,465.00



Total Amount One Hundred Ninety Thousand Four Hundred Thirty Five Pesos & 10/100 **Php 190,435.10**

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: Chita
 Gcmed Pharmaceutical Distributor
 Signature over printed Name
5-15-23
 (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: _____