



Republic of the Philippines
PROVINCE OF ISABELA

P.A. NO: 1471
DATE: _____
BY: _____

PURCHASE ORDER

Gcmed Pharmaceutical Distributor

P.O. No. : 1308-D0042A

Address : Legend Mansion Condominium, 212 San Juan St., Brgy. 37, 1300 Pasay City

Date : August 16, 2023

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		Amount
1	ampule	920	Ipratropium + Salbutamol 500mcg + 2.5mg x 2.5ml (unit dose) Respiratory Solution	32.43	29,835.60
2	ampule	200	Epinephrine 1mg/mL, 1mL Ampule	75.89	15,178.00
3	capsule	3000	Cefalexin 500mg Capsule	6.33	18,990.00
4	vial	1000	Cefazolin 1g Vial	214.93	214,930.00
5	vial	1000	Ceftriaxone 1g + 10mL Diluent Vial	257.06	257,060.00
6	ampule	504	Clindamycin 150mg/ml, 4ml Ampule	268.49	135,318.96
7	bottle	100	Amino Acid + Glucose (Sorbitol) 500ml Bottle	841.93	84,193.00
8	ampule	1000	Ketorolac 30mg/mL, 1mL Ampule	24.93	24,930.00
9	ampule	500	Metoclopramide 5mg/mL, 2mL Ampule	28.93	14,465.00
10	tube	50	Clobetasol Ointment 0.05%, 5g Tube	48.23	2,411.50



Total Amount Seven Hundred Ninety Seven Thousand Three Hundred Twelve Pesos & 06/100 Php 797,312.06

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
Governor

Conforme: _____
Gcmed Pharmaceutical Distributor
(Signature over printed Name)
9-6-23
(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: _____