



Republic of the Philippines
PROVINCE OF ISABELA

P.A. NO: 1430

DATE: _____

BY: JA

PURCHASE ORDER

Supplier: Gcmed Pharmaceutical Distributor

P.O. No. : 23-08-00043A

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	tablet	300	Paracetamol + Tramadol 325mg	79.09	23,727.00
2	tablet	500	Isosorbide Dinitrate (Isordil) 5mg SL	19.92	9,960.00
3	ampule	300	Hyoscine N-Butyl Bromide (20mg)	34.93	10,479.00
4	tablet	300	Cotrimoxazole 800mg/160mg	3.16	948.00
5	ampule	240	Clindamycin 600mg	268.49	64,437.60
6	tablet	500	Sodium Chloride 1g	2.00	1,000.00
7	tube	36	Mupirocin Ointment 2% 15g	149.91	5,396.76



Total Amount One Hundred Fifteen Thousand Nine Hundred Forty Eight Pesos & 36/100 Php **115,948.36**

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:

[Signature]
Gcmed Pharmaceutical Distributor
(Signature over printed Name)
9-6-23
(Date)

[Signature]
RODOLFO T. ALBANO III
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: _____