



Republic of the Philippines
 PROVINCE OF ISABELA
PURCHASE ORDER

P.A. NO: 1454
 DATE: _____
 BY: JA

Supplier : GCMed Pharmaceutical Distributor

P.O. No. : 23-08-00048

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

Date : August 16, 2023

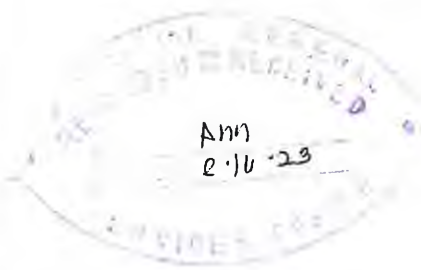
Gentlemen:

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) day after receipt of P.O. Payment Term: _____ Check _____

| Item No. | Unit | Quantity | Description | Unit Cost | Amount |
|----------|---------|----------|--|-----------|-----------|
| 1 | vial | 500 | Ampicillin 500mg powder for injection | 39.92 | 19,960.00 |
| 2 | tablet | 100 | Citicholine 1G | 85.00 | 8,500.00 |
| 3 | vial | 200 | Omeprazole 40mg | 334.91 | 66,982.00 |
| 4 | pfs | 100 | Enoxaparin 100mg/ml. 04 Solution for Injection | 453.65 | 45,365.00 |
| 5 | capsule | 300 | Ketoanalogue Essential Amino Acids | 52.92 | 15,876.00 |



Total Amount **One Hundred Fifty Six Thousand Six Hundred Eighty Three Pesos** **Php 156,683.00**

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
8-16-23
 (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: _____