



Republic of the Philippines
PROVINCE OF ISABELA

PURCHASE ORDER

P.A. NO: 1455
DATE: _____
BY: U

Supplier : GCMed Pharmaceutical Distributor
Address : Legend Mansion Condominium, 212 San Juan St/ Brgy., 37, 1300 Pasay City

P.O. No. : 23-08-00049
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	nebule	830	Salbutamol 2.5ml. Respiratory Solution	10.93	9,071.90
2	ampule	240	Clindamycin 150mg/ml.4	268.49	64,437.60
3	ampule	400	Hyoscine N Butyl Bromide 1ml. Solution	34.93	13,972.00
4	nebule	585	Salbutamol + Ipratropium Bromide	32.43	18,971.55
5	ampule	300	Vitamin B Complex	34.93	10,479.00
6	tablet	100	Mebendazole 500mg	3.98	398.00
7	vial	800	Cefuroxime 500mg	89.93	71,944.00
8	tube	26	Mupirocin Ointment 20mg	149.91	3,897.66
9	tablet	500	Atorvastatin 20mg	10.53	5,265.00



Total Amount One Hundred Ninety Eight Thousand Four Hundred Thirty Six & 71/100 Pesos **Php** 198,436.71

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
8-21-23
(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: _____