



Republic of the Philippines  
PROVINCE OF ISABELA

P.A. NO: 1932  
DATE: \_\_\_\_\_  
BY: \_\_\_\_\_

**PURCHASE ORDER**

Supplier: **Gcmed Pharmaceutical Distributor**

P.O. No. : 23-10-00054A

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

Date : October 18, 2023

Gentlemen:

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

Place of Delivery : \_\_\_\_\_ Delivery Term : \_\_\_\_\_  
Date of Delivery : \_\_\_\_\_ Payment Term: \_\_\_\_\_

Item No.	Unit	Quantity	Description		Amount
1	bottle	50	Pain NSS 0.9 Sodium Chloride 500ml	74.88	3,744.00
2	tablet	500	Cetirizine 10mg tablet	4.38	2,190.00
3	tablet	500	Neozep Non-Drowsy Tablet	9.50	4,750.00
4	gal	3	Povidone Iodine 10%	1,337.95	4,013.85
5	nebule	200	Salbutamol Nebules	10.88	2,176.00
6	capsule	1000	Sodium Ascorbate Plus Zinc Immunpro 500mg	19.50	19,500.00
7	capsule	500	Solmux 500 capsule	21.00	10,500.00
8	tablet	500	Symdex-D 25mg	7.10	3,550.00
9	tablet	500	Biogesic 500mg	9.80	4,900.00
10	tablet	500	Loratadine 10mg	8.63	4,315.00



**Total Amount** Fifty Nine Thousand Six Hundred Thirty Eight Pesos & 85/100 **Php 59,638.85**

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.   
Gcmed Pharmaceutical Distributor  
(Signature over printed Name)  
10-23-23  
(Date)

**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: \_\_\_\_\_