



Republic of the Philippines
PROVINCE OF ISABELA

PURCHASE ORDER

Supplier : **Gcmed Pharmaceutical Distributor**

P.O. No. : **23-11-00057F**

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

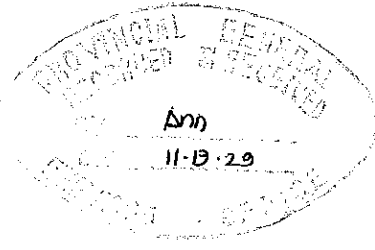
Date : **November 13, 2023**

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	tube	24	Erythromycin eye ointment 0.5%, 5g	144.88	3,477.12
2	tab	100	Isosorbide Dinitrate 5mg, SL	20.00	2,000.00
3	amp	500	Ranitidine 25mg/ml, 2ml	23.67	11,835.00
4	neb	1,320	Salbutamol	10.88	14,361.60
5	amp	30	Diphenhydramine 50mg/ml	96.88	2,906.40
6	tab	510	Azithromycin 500mg	79.55	40,570.50
7	vial	300	Ampicillin 500mg	39.87	11,961.00
8	tab	300	Doxofylline 400mg	37.87	11,361.00
9	neb	600	Salbutamol + Ipratropium	32.38	19,428.00



Total Amount **One Hundred Seventeen Thousand Nine Hundred Pesos & 62/100** **Php 117,900.62**

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)
12-27-23
(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: _____