



Republic of the Philippines
PROVINCE OF ISABELA

PURCHASE ORDER

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

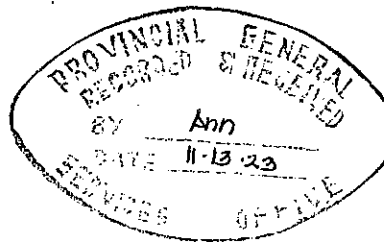
P.O. No. : 23-11-0056B-1
Date : November 13, 2023

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	bot	160	Sterile water for injection, 50ml	57.02	9,123.20
2	tablet	500	Acetylcysteine 600mg	27.59	13,795.00
3	amp	300	Diphenhydramine 50mg/ml	96.88	29,064.00
4	amp	400	Hyoscine N-butyl bromide 20mg/ml	34.88	13,952.00
5	amp	50	Epinephrine 1mg/ml	75.84	3,792.00
6	amp	100	Furosemide 10mg/ml, 2ml	19.87	1,987.00
7	amp	80	Nicardepine 1mg/ml	598.44	47,875.20
8	amp	400	Paracetamol 150mg/ml, 2ml	20.99	8,396.00
9	amp	300	Phytimenadione 10mg/ml	45.77	13,731.00
10	amp	200	Tramadol 50mg/ml	40.88	8,176.00
11	amp	200	Tranexamic Acid 100mg/5ml	129.88	25,976.00
12	amp	300	Vitamin B1 B6 B12 100mg + 1mg	34.88	10,464.00



Total Amount One Hundred Eighty Six Thousand Three Hundred Thirty One Pesos & 40/100 **Php** 186,331.40

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: _____