



Republic of the Philippines  
PROVINCE OF ISABELA

**PURCHASE ORDER**

Supplier : **Gcmed Pharmaceutical Distributor**

P.O. No. : 23-11 - D0056C

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	amp	100	Vaccine Tetanus Toxoid 0.5ml	79.88	7,988.00
2	vial	200	Ceftazidime 1g	135.84	27,168.00
3	vial	2200	Ceftriaxone 1g	257.01	565,422.00
4	amp	150	Epinephrine 1mg/ml	75.84	11,376.00
5	tab	200	Clarithromycin 500mg	19.07	3,814.00
6	neb	300	Salbutamol + Ipratropium Nebule	32.38	9,714.00
7	bot	130	Paracetamol 100mg/ml	37.84	4,919.20
8	vial	100	Ampicillin 250mg	37.72	3,772.00
9	amp	50	Ascorbic Acid ampule 250mg/ml	29.86	1,493.00
10	tab	100	Calcium Tablet 500mg	3.36	336.00
11	amp	500	Ketorolac 30mg/ml	24.88	12,440.00
12	neb	1505	Salbutamol nebule	10.88	16,374.40



**Total Amount**

**Six Hundred Sixty Four Thousand Eight Hundred Sixteen Pesos & 60/100**

**Php 664,816.60**

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)

12.13.23  
(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: \_\_\_\_\_