



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. : 23-11-00057D  
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	neb	170	Budesonide	54.88	9,329.60
2	vial	1400	Cefuroxime 750mcg	89.88	125,832.00
3	amp	150	Gentamycin 40mg/ml	14.76	2,214.00
4	amp	200	Phytomenadione 10mg/ml	45.77	9,154.00
5	amp	1300	Ranitidine 25mg/ml	23.67	30,771.00
6	vial	140	Hydrocortisone 250mg	155.37	21,751.80
7	vial	190	Hydrocortisone 100mg	69.87	13,275.30
8	bot	50	Ambroxol Drops 15ml	23.50	1,175.00
9	bot	50	Ambroxol Drops 60ml	27.75	1,387.50
10	sac	400	Acetylcysteine 600mg	27.59	11,036.00
11	amp	200	Vitamin B1 B6 B12 100mg + 1mg (I.M/I.V)	34.88	6,976.00
12	tab	500	Clonidine 75mcg	16.37	8,185.00



**Total Amount** Two Hundred Forty One Thousand Eighty Seven Pesos & 20/100 **Php** 241,087.20

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