



Republic of the Philippines  
PROVINCE OF ISABELA

**PURCHASE ORDER**

Supplier: **Gcmed Pharmaceutical Distributor**

P.O. No. : 23-11 - 00056E

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	vial	900	Hydrocortisone 250mg	155.37	139,833.00
2	amp	100	Furosemide 10mg/ml, 2ml	19.87	1,987.00
3	vial	184	Omeprazole 40mg	334.86	61,614.24
4	amp	300	Ranitidine 25mg/ml, 2ml	23.67	7,101.00
5	amp	100	Tramadol 50mg/ml	40.88	4,088.00
6	amp	100	Tranexamic Acid 100mg/ml, 5ml	129.88	12,988.00
7	tab	500	Betahistine 16mg	34.38	17,190.00
8	bot	80	Cetirizine Drops 15ml	65.44	5,235.20
9	tab	200	Lagundi 600mg	3.23	646.00
10	neb	600	Salbutamol + Ipratropium	32.38	19,428.00
11	vial	50	Ciprofloxacin 2mg/ml, 100ml	240.95	12,047.50
12	vial	12	Ampicillin + Sulbactam 1.5g	299.86	3,598.32



**Total Amount** Two Hundred Eighty Five Thousand Seven Hundred Fifty Six Pesos & 26/100 **Php** 285,756.26

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)  
12.11.23  
(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: \_\_\_\_\_