



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

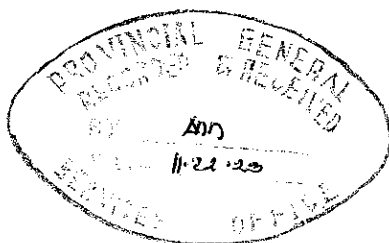
P.O. No. : 23-11-00060A  
Date : November 22, 2023

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	30	Human Albumin 25% 70mg 50ml	2,653.88	79,616.40
2	bottle	29	Hypromellose eye drops solution 10ml	249.91	7,247.39
3	tablet	3,000	Betahistine 16mg tablet	34.38	103,140.00
4	bottle	72	Diphenhydramine 12.5mg/5ml 60ml syrup	27.87	2,006.64
5	ampule	300	Diphenhydramine 50mg/ml, 1ml ampule	96.88	29,064.00
6	bottle	2,400	IV Fluids, 5% Dextrose in Lactated Ringers 1L	84.88	203,712.00
7	bottle	3,600	IV Fluids, 0.9% Sodium Chloride 1liter	84.88	305,568.00
8	bottle	240	IV Fluids 10% Dextrose in Water 500ml	53.93	12,943.20
9	bottle	480	Mannitol 20% 500ml bottle	154.88	74,342.40
10	bottle	2,400	IV Fluids 5% Dextrose in 0.3% Sodium Chloride 500ml	74.88	179,712.00



**Total Amount** Nine Hundred Ninety Seven Thousand Three Hundred Fifty Two Pesos & 03/100 Php **997,352.03**

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)  
11-27-23  
(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: \_\_\_\_\_