



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. : 23-11-00063
Date : November 23, 2023

Gentlemen:

Please furnish this office the following articles subject to the terms and conditions contained herein:

Place of Delivery : Regional Office - Butte 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	1200	Omeprazole 40mg	334.86	401,832.00
2	nebule	500	Salbutamol 1mg/ml	10.88	5,440.00
3	tablet	300	Sodium Bicarbonate 650mg	1.38	414.00
4	ampule	300	ATS 1500iu	79.39	23,817.00
5	bottle	3	Sevoflurane 250ml	10,999.88	32,999.64
6	tablet	300	Loratadine 10mg	8.63	2,589.00



Total Amount Four Hundred Sixty Seven Thousand Ninety One Pesos & 64/100 **Php** 467,091.64

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)
12-11-23
(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: _____