



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. : **23-11-00045 F**
Date : **November 23, 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	tab	100	Sodium Chloride 1G	29.00	2,900.00
2	cap	500	Cloxacillin 500mg capsule	4.27	2,135.00
3	tab	200	Furosemide 20mg tab	1.22	244.00
4	cap	2,000	Ferrous Sulfate 500mg	3.90	7,800.00
5	cap	300	Doxycycline 10mg	14.10	4,230.00
6	tab	300	Hycine 10mg tab	5.67	1,701.00
7	tab	200	Ibuprofen 400mg	2.07	414.00
8	tab	2,000	Vitamin B Complex	3.91	7,820.00
9	vial	2,000	Fefuroxime 750mg vial	89.93	179,860.00
10	amp	1,000	Tramadol 50mg/ml 2ml amp	40.93	40,930.00
11	vial	1,500	Hydrocortisone 100mg	69.91	104,865.00
12	tab	300	Orphenadine Citrate + Paracetamol	23.50	7,050.00
13	tube	150	Mupirocin ointment	149.91	22,486.50
14	tab	2,000	Cefuroxime 500mg	37.47	74,940.00
15	bot	72	Aluminum + Magnesium Hydroxide susp. 60ml	29.92	2,154.24
16	cap	500	Ketoanalogues + Essential Amino Acids	52.92	26,460.00
17	tab	300	Potassium Chloride 600mg	12.01	3,603.00
18	tab	500	Paracetamol + Tramadol tablet	79.09	39,545.00



Total Amount **Five Hundred Twenty Nine Thousand One Hundred Thirty Seven Pesos & 74/100** Php **529,137.74**

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)
_____ 12-27-23
(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: _____