



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**

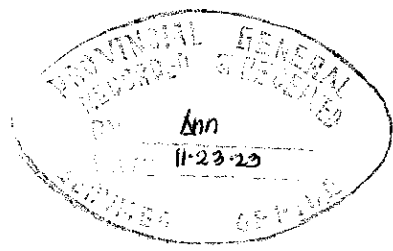
P.O. No. : **23-11-00065**
Date : **November 29, 2023**

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	bottle	20	Lactulose 3.33g/5ml oral solution	209.88	4,197.60
2	tablet	300	Clonidine 75mcg tablet	16.37	4,911.00
3	tablet	200	Hyoscine 10mg tablet	5.62	1,124.00
4	tablet	100	Paracetamol 325mg + Tramadol 37.5mg tablet	79.04	7,904.00
5	capruple	1,150	Lidocaine 2%, 1.8ml capruple with epinephrine (Dental Anesthe	26.88	30,912.00
6	ampule	420	Tramadol 50mg/ml, 1ml solution for injection	40.88	17,169.60
7	capsule	800	Cloxacillin (as Sodium) 500mg capsule	4.22	3,376.00
8	tubes	20	Mupirocin Cream 2%, 15g tube	149.86	2,997.20
9	ampule	600	Ketorolac 30mg/ml, 1ml solution for injection	24.88	14,928.00
10	nebule	720	Salbutamol 2mg/ml, 2.5ml respiratory solution	10.88	7,833.60
11	tablet	4,000	Losartan 50mg tablet	8.38	33,520.00
12	vial	290	Ceftaxidime (Ceftazidim) 1g powder for injection	135.84	39,393.60
13	ampule	200	Diclofenac 25mg/ml, 3ml solution for injection	19.77	3,954.00
14	tablet	308	CO-Amoxiclav (Amoxicillin + Clavulanic Acid) 500mg + 125mg	18.88	5,815.04
15	vial	700	Ceftriaxone 1g powder for injection vial + 10ml diluent	257.01	179,907.00
16	bottle	20	Co-Amoxiclav (Amoxicillin + Clavulanic Acid) 200mg +28.5mg	204.86	4,097.20



Total Amount **Three Hundred Sixty Two Thousand Thirty Nine Pesos & 84/100** **Php 362,039.84**

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 JR.
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: _____