



Republic of the Philippines  
PROVINCE OF ISABELA

**PURCHASE ORDER**

Supplier : **Gcmed Pharmaceutical Distributor**

P.O. No. : **23-12-0007**

Address : **Legend Mansion Condominium, 212 San Juan St., Brgy. 37, 1300 Pasay City N**

Date : **December 27, 2023**

**Gentlemen:**

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

Place of Delivery : **PGSO - MAUEL A. ROSAS DISTRICT HOSPITAL**

Delivery Term :

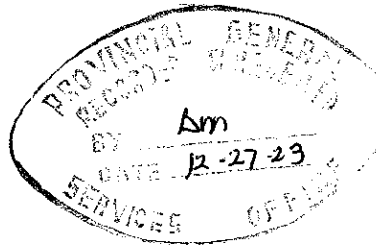
Charge

Date of Delivery : **Seven (7) days after receipt of P.O.**

Payment Term:

Check

Item No.	Unit	Quantity	Description		Amount	
1	Ampule	290	Serum, Anti-Tetanus 1500 IU/0.7 mL solution for Injection	79.38	23,020.20	
2	Ampule	300	Serum, Tatanus Antitoxin (ATS) 3000 IU/0.95ml	512.33	153,699.00	
3	Nebule	400	Salbutamol 2mg/ml, 2.5ml Respiratory Solution	10.88	4,352.00	
4	Tablet	200	Paracetamol 325mg + Tramadol 37.5mg tablet	79.04	15,808.00	
5	Vial	800	Cefuroxime 750mcg powder for Injection vial	89.88	71,904.00	
6	Vial	300	Vaccine, Vero Cell (Purified) 2.5 IU/0.5ml vial + diluent	1,679.87	503,961.00	
<b>Total Amount</b>		<b>Seven Hundred Seventy Two Thousand Seven Hundred Forty Four Pesos &amp; 20/100</b>			<b>Php</b>	<b>772,744.20</b>



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)

12-27-23

(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: \_\_\_\_\_