



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**

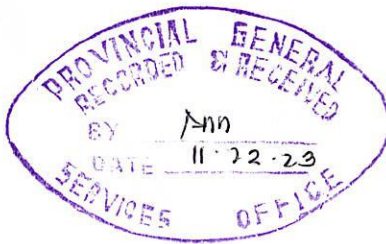
P.O. No. : **23-11-00050A-1**
Date : **November 22, 2023**

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	300	Vero Cell (ABHAYRAB Rabies Vaccine) vial	1,679.87	503,961.00
2	bottle	72	Salbutamol + Guaifenesin syrup 60ml	28.38	2,043.36
3	bottle	72	Cefalexin 100mg/5ml 10ml drops	24.67	1,776.24
4	sachet	3,000	Acetylcysteine 600mg	27.59	82,770.00
5	bottle	30	Clarithromycin 250mg/5ml suspension 50ml	393.88	11,816.40
6	vial	200	Sodium Bicarbonate 8.4% w/v 20ml	116.35	23,270.00
7	ampule	2,000	Furosemide 10mg/ml 2ml ampule	19.87	39,740.00
8	tablet	300	Telmisartan 40mg	15.93	4,779.00
9	tablet	600	Potassium Citrate 1meq tablet	10.87	6,522.00
10	ampule	200	Vitamin B Complex ampule	34.88	6,976.00
11	tablet	500	Paracetamol 325mg + tramadol 37.5mg tablet	79.04	39,520.00
12	capsule	90	Gabapentine 300mg capsule	14.86	1,337.40
13	ampule	200	Dopamine 40mg/ml 5ml ampule	88.86	17,772.00
14	ampule	200	Epinephrine ampule	75.84	15,168.00
15	ampule	1,200	Paracetamol 150mg/ml 2ml ampule	20.99	25,188.00
16	tablet	180	Amiodaron 200mg tablet	24.95	4,491.00
17	capsule	4,000	Celecoxib 200mg capsule	9.87	39,480.00
18	pfs	20	Enoxaparin 0.4ml pre filled syringe	397.95	7,959.00
19	vial	420	Omeprazole 40mg IM/IV vial	334.86	140,641.20
20	ampule	20	Aminophylline 10mg ampule	28.10	562.00




Total Amount **Nine Hundred Seventy Five Thousand Seven Hundred Seventy Two Pesos & 60/100** **Php 975,772.60**

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)
11-21-23
(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: _____