

Certified Correct: ___

Republic of the Philippines PROVINCE OF ISABELA

PURCHASE ORDER Gcmed Pharmaceutical Distributor P.O. No. : 13-12-D0073 Date ss : Legend Mansion Condominium, 212 San Juan St., Brgy. 37, 1300 Pasay City N : Occumber 27, 2023 Please furnish this office the following articles subject to the terms and conditions contained herein: Place of Delivery: PGSO-MALE, A. ROPE DISTRICT FOLPIMAL **Delivery Term:** Charge Date of Delivery: Seven (7) days after receipt of P.O. Payment Term: Check Item No. Unit Quantity Description Amount Capsule 420 Essentialle Forte Capsule 11.08 4,653.60 2 Capsule 3000 Cefalexin 500mg Capsule 18,840.00 6.28 3 Ampule 100 Nicardipine 1mg/ml, 10ml Solution for Injection 598.44 59,844.00 **Total Amount** Eighty Three Thousand Three Hundred Thirty Seven Pesos & 60/100 83,337.60 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, RODOLFO T. ALBANO II Conforme: Governor 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.:

Date: ____