



Republic of the Philippines
PROVINCE OF ISABELA

PURCHASE ORDER

Supplier : **Gcmed Pharmaceutical Distributor**

P.O. No. : **23-12-0076-A**

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-MANUEL A. RODAS 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	Capsule	1000	Celecoxib 200mg Capsule	9.87	9,870.00
2	Bottle	20	Cefuroxime 250mg/5ml, 50 ml oral Suspension	204.86	4,097.20
3	Capsule	4000	Amoxicillin 500mg Capsule	4.35	17,400.00
4	Tablet	400	Atorvastatin 40mg tablet	16.88	6,752.00
5	Capsule	3000	Cefalexin 500mg Capsule	6.28	18,840.00
6	Tablet	500	Ciprofloxacin 500mg Tablet	7.88	3,940.00
7	Capsule	2000	Cloxacillin (as Sodium) 500mg Capsule	4.22	8,440.00
8	Capsule	3000	Mefenamic Acid 500mg Capsule	12.66	37,980.00
9	Ampule	200	Nicardipine 1mg/ml, 10ml solution for Injection	598.44	119,688.00
10	Tablet	300	Potassium Citrate 10mEq tablet	10.87	3,261.00
11	Ampule	200	Tranexamic Acid 100mg/ml, 5ml Solution for Injection Ampule	129.88	25,976.00



Total Amount

Two Hundred Fifty Six Thousand Two Hundred Forty Four Pesos & 20/100

Php 256,244.20

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: _____