



Republic of the Philippines  
PROVINCE OF ISABELA

**PURCHASE ORDER**

P.O. NO: 3079

DATE: \_\_\_\_\_

BY: \_\_\_\_\_

Supplier : **Gcmed Pharmaceutical Distributor**

P.O. No. : 24-12 - D0183A

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

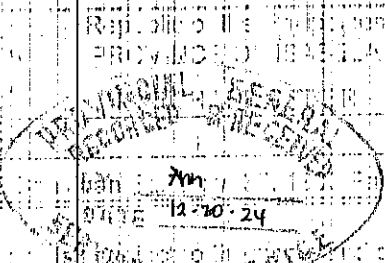
Date : December 20, 2024

Gentlemen:

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

Place of Delivery : PGSO (San Mariano Community 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	vial	600	Omeprazole 40mg	334.81	200,886.00
2	ampule	500	Gentamycin 40mg/ml, 2ml	14.71	7,355.00
3	ampule	300	Furosemide 10mg/ml, 2ml	19.82	5,946.00
4	vial	500	Metronidazole 500mg/100ml	56.82	28,410.00
5	tablet	500	Ascorbic Acid 500mg	3.83	1,915.00
6	tablet	200	Isoxsuprine 10mg	15.83	3,166.00
7	ampule	100	Nicardipine 1mg/ml, 10ml	598.39	59,839.00
8	ampule	400	Ketorolac 30mg/ml	24.83	9,932.00



**Total Amount** Three Hundred Seventeen Thousand Four Hundred Forty Nine Pesos & 00/100 Php 317,449.00

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)

12-20-24  
(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: \_\_\_\_\_