



Republic of the Philippines
PROVINCE OF ISABELA

PURCHASE ORDER

Supplier : Gcmed Pharmaceutical Distributor

P.O. No. : 24-02-00037

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

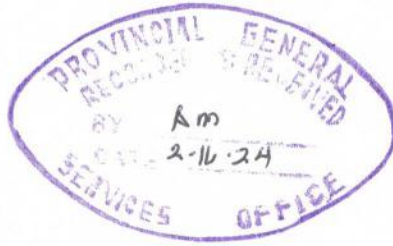
Date : February 16, 2024

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	nebule	1200	Salbutamol + Ipratropium	32.38	38,856.00
2	tablet	1000	Atorvastatin 20mg	10.48	10,480.00
3	tablet	1000	Atorvastatin 40mg	16.88	16,880.00
4	tablet	300	Ceftazedime 1g	135.84	40,752.00
5	tablet	1000	Vitamin B Complex	2.95	2,950.00
6	tablet	500	Clonidine 75mcg	16.37	8,185.00
7	tablet	1000	Potassium Chloride 600mg	11.96	11,960.00
8	vial	1200	Omeprazole 40mg	334.86	401,832.00
9	ampule	1000	Paracetamol 150mg/ml, 2ml	20.99	20,990.00
10	ampule	920	Ranitidine 25mg/ml, ml	23.66	21,767.20
11	capsule	500	Cloxacillin 500mg	4.22	2,110.00
12	tablet	1000	Clopidogrel 75mg	2.67	2,670.00
13	tablet	1000	Losarta 50mg	8.38	8,380.00
14	nebule	1200	Salbutamol 2.5mg/2.5ml solution for inhalation	10.88	13,056.00



Total Amount Six Hundred Thousand Eight Hundred Sixty Eight Pesos and 20/100 Only Php 600,868/20

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 II
Governor

Conforme:
Gcmed Pharmaceutical Distributor
(Signature over printed Name)
3-8-24
(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: _____