



Republic of the Philippines
PROVINCE OF ISABELA

PURCHASE ORDER

Supplier : Gcmed Pharmaceutical Distributor

P.O. No. : 24-02-00038

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

Date : February 14, 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	bottle	72	Ambroxol 15mg/5ml syrup, 60ml bottle ✓	23.50	1,692.00
2	tablet	1500	Domperidone 10mg tablet ✓	14.85	22,275.00
3	tablet	2000	Ferrous Salt (equiv to 60mg elemental iron tablet) ✓	1.02	2,040.00
4	tablet	100	Melatonin 3mg tablet ✓	24.67	2,467.00
5	tablet	1000	Metronidazole 500mg ablet ✓	3.68	3,680.00
6	tablet	400	Sodium chloride 1g tablet ✓	13.02	5,208.00
7	ampule	40	Digoxin 250mcg/ml, 2ml solution for injection ampule ✓	209.84	8,393.60
8	tablet	10000	Mefenamic Acid 500mg tablet ✓	3.85	38,500.00
9	vial	600	Metronidazole 5mg/ml, 100ml solution for injection vial ✓	56.84	34,104.00
10	nebule	1300	Budesonide 250mcg/ml, 2ml respiratory nebule ✓	54.85	71,305.00
11	tablet	420	Febuxostat 40mg tablet ✓	67.84	28,492.80
12	nebule	600	Salbutamol 2mg/ml, 2.5ml respiratory solution ✓	10.85	6,510.00
13	ampule	50	Tranexamic Acid 100mg/ml, 5ml solution ampule ✓	129.85	6,492.50
14	tablet	300	Colchicine 500mcg tablet ✓	2.59	777.00
15	bot	72	Clarithromycin 250mg/5ml, 50ml oral suspension bottle ✓	393.85	28,357.20
16	ampule	200	Epinephrine (Adrenaline) 1mg/ml, 1ml solution for injection ✓	75.81	15,162.00
17	tablet	3000	Ciprofloxacin 500mg tablet ✓	7.85	23,550.00



Total Amount Two Hundred Ninety Nine Thousand Six Pesos and 10/100 Php 299,006.10

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)

3-04-24
(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: _____