

Certified Correct: \_

## Republic of the Philippines

			PROVINCE OF ISABELA				
			PURCHASE ORDER				
Supplier : Gcmed Pharmaceutical Distributor					P.O. No. : 24-02-D0029		
Address : <u>Legend Mansion Condominium, 212 San Juan St., Brgy. 37, 1300 Pasay City N</u> Gentlemen:					Date : Fobruary 15, 2024		
		h this office	the following articles subject to the terms and condition	ns contain	ed herein	)	
Place of Delivery : PGSO Delivery Term :					Charge		
Date of D	e of Delivery: Seven (7) days after receipt of P.O. Payment Term:			rm:	Check		
Item No.	Unit	Quantity	Description			Am	nount
1 2 3 4 5 6	bottle ampule capsule bottle vial tablet	72 -600 500 -144 135 300	Cefuroxime 250mg/5ml, 60ml Citicholine 1g Doxycycline 100mg Paracetamol 250mg/5ml syr, 60ml Ceftazidime 1g Paracetamol + Orphenadrine  Ann 3 · 15 · 24		204.83 105.00 16.86 38.33 135.81 18.50	3	14,747.76 63,000.00 8,430.00 5,519.52 18,334.35 5,550.00
Total A	Total Amount One Hundred Fifteen Thousand Five Hundred Eighty One Pesos ar			esos and	63/100 Only	Php	115,581.63
percent f	or every da	of failure to read of delay s	make the full delivery within the time specified above, a shall be imposed.		f one-tenth (		No
			pursuant to Section 369 (a) of RA 7160, this portion molution No.:	nust be acc	complished).		

Date: \_