

8-6

A. NO: 2267



Republic of the Philippines
PROVINCE OF ISABELA

DATE: _____
BY: _____

PURCHASE ORDER

Supplier : Gcmed Pharmaceutical Distributor
Address : Legend Mansion Condominium, 212 San Juan St., Brgy. 37, 1300 Pasay City N

P.O. No. : 24-08 -D0103B
Date : August 1, 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	3000	Ferrous Sulfate	1.00	3,000.00
2	tablet	600	Eperisone HCL 50mg	37.83	22,698.00
3	tablet	300	Rebapamide 100mg tab	35.00	10,500.00
4	ampule	300	Citicholine 1g	115.00	34,500.00
5	tablet	200	Pregabalin 75mg tab	49.00	9,800.00
6	tablet	2000	Mefenamic Acid 500mg tab	3.83	7,660.00
7	tablet	500	Spironolactone 25mg	14.82	7,410.00



GENERAL FUND

Total Amount Ninety Five Thousand Five Hundred Sixty Eight Pesos & 00/100 Php **95,568.00**

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,

Conforme:

Gcmed Pharmaceutical Distributor
(Signature over printed Name)
10-08-24
(Date)

RODOLFO T. ALBANO III
Governor

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: _____