

P.A. NO: 2295
 DATE: _____
 BY: _____



Republic of the Philippines
 PROVINCE OF ISABELA

PURCHASE ORDER

Gcmed Pharmaceutical Distributor

P.O. No. : 24-09-DD127

Date : September 12, 2024

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

Item:

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	vial	600	Omeprazole 40mg powder for injection vial + 10ml solvent	334.81	200,886.00
2	tablet	600	Cefuroxime 500mg tablet	37.37	22,422.00
3	capsule	800	Celecoxib 200mg capsule	9.82	7,856.00
4	tablet	1000	Co-Amoxiclav (Amoxicillin + Clavulanic Acid) 500mg + 125mg	18.83	18,830.00
5	tablet	60	Isosorbide 5-Mononitrate 30mg Modified Release tablet	10.81	648.60
6	tablet	140	Metformin 500mg Film Coated tablet	3.71	519.40
7	bottle	20	Sodium Chloride Nasal Spray	102.00	2,040.00
8	bottle	20	Zinc (equiv. to 10mg elemental/ml) 15ml oral drops bottle	64.83	1,296.60



Total Amount **Two Hundred Fifty Four Thousand Four Hundred Ninety Eight Pesos & 60/100** Php **254,498.60**

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)
11-08-24
 (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: _____