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Republic of the Philippines
PROVINCE OF ISABELA

P.A. NO: _____
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. : **24-09 - 00131**
Date : **September 13, 2024**

Gentlemen:

Please furnish this office the following articles subject to the terms and conditions contained herein:

Place of Delivery : **PGSO (Cauayan District Hospital)** Delivery Term : _____ Charge _____
Date of Delivery : **Seven (7) days after receipt of P.O.** Payment Term: _____ Check _____

Item No.	Unit	Quantity	Description		Amount
1	tablet	500	Sambong 500mg	6.26	3,130.00
2	vial	300	Vaccine, Tetanus Toxoid 40IU (5 lf) 0.5ml, 0.5ml suspension for injection	99.83	29,949.00
3	ampule	500	Phytomenadione (Phytonadione, Vitamin K1) 10mg/ml, 1ml solutuon for injection ampule	45.72	22,860.00
4	tablet	600	Metronidazole 500mg	3.66	2,196.00
5	ampule	2000	Paracetamol 150mg/ml, 2ml solution for injection	20.94	41,880.00
6	tablet	300	Metoprolol Titrade 50mg	2.83	849.00
7	ampule	60	Sodium Bicarbonate 1 mEq/ml, 20ml solution for injection ampule	116.30	6,978.00
8	capsule	100	Gabapentin 100mg capsule	22.78	2,278.00



Total Amount **Six Thousand Five Hundred Pesos & 00/100** **Php 110,120.00**

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,

RODOLFO T. ALBANO III
Governor

Conforme:

Gcmed Pharmaceutical Distributor
(Signature over printed Name)
12-03-24
(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: _____