

8-29

PA NO: 2278



Republic of the Philippines
PROVINCE OF ISABELA

DATE: _____
BY: _____

PURCHASE ORDER

Gcmed Pharmaceutical Distributor

P.O. No. : 24-09-D0133

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

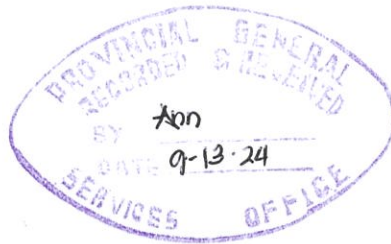
Date : September 13, 2024

Items:

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

| | | |
|--|-----------------------|--------------|
| Place of Delivery : <u>PGSO (Cauayan District Hospital)</u> | Delivery Term : _____ | Charge _____ |
| Date of Delivery : <u>Seven (7) days after receipt of P.O.</u> | Payment Term: _____ | Check _____ |

| Item No. | Unit | Quantity | Description | | Amount |
|----------|--------|----------|---|--------|-----------|
| 1 | bottle | 1100 | IV Fluids, Sodium Chloride 0.9%, 1L solution for injection bottle (Plain NSS) | 84.83 | 93,313.00 |
| 2 | bottle | 720 | IV Fluids, Dextrose + Lactated Ringer's 5%, 1L solution for injection bottle | 84.83 | 61,077.60 |
| 3 | tablet | 500 | Aspirin 80mg tab | 1.82 | 910.00 |
| 4 | tablet | 500 | Clonidine 75mg tab | 16.32 | 8,160.00 |
| 5 | tablet | 500 | Metronidazole 500mg | 3.66 | 1,830.00 |
| 6 | vial | 300 | Potassium Chloride 2mEq/ml, 20ml solution for injection | 47.93 | 14,340.00 |
| 7 | ampule | 50 | Sodium Bicarbonate 1 mEq/ml, 20ml solution for injection ampule | 116.30 | 5,815.00 |



| | | |
|---------------------|--|-----------------------|
| Total Amount | One Hundred Eighty Five Thousand Four Hundred Fifty Four Pesos & 00/100 | Php 165,454.60 |
|---------------------|--|-----------------------|

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,

RODOLFO T. ALBANO III
 Governor

Conforme:

Gcmed Pharmaceutical Distributor
 (Signature over printed Name)
 11-08-24
 (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: _____