

9-10

P.A. NO: 2835
DATE: _____
BY: _____



Republic of the Philippines
PROVINCE OF ISABELA

PURCHASE ORDER

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

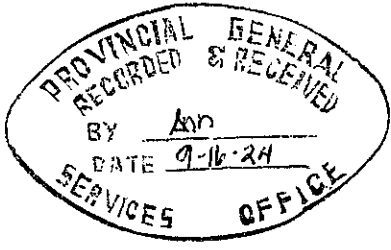
P.O. No. : 24-09-00140
Date : September 16, 2024

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	nebule	4500	Ipratropium + Salbutamol 500mcg +2.5mg, 2.5ml Respiratory Solution	32.33	145,485.00	
2	nebule	300	Budesonide 250mcg/ml, 2ml Respiratory Solution	54.83	16,449.00	
3	tubule	300	Bacilus Calusii	60.83	18,249.00	
4	bottle	72	Paracetamol 250mg/5ml, 60ml syrup	38.31	2,758.32	
5	bottle	72	Cetirizine 1mg/ml, 60ml Oral Solution Bottle	78.30	5,637.60	
Total Amount		One Hundred Eighty Eight Thousand Five Hundred Seventy Eight pEsos & 00/100			Php	188,578.92



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: _____