



Republic of the Philippines
PROVINCE OF ISABELA

PURCHASE ORDER

P.A. NO: 2326

DATE: _____

BY: _____

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

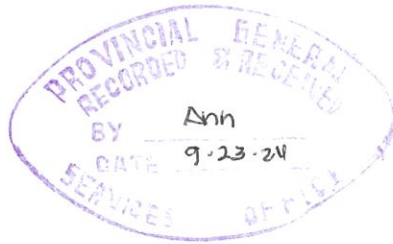
P.O. No. : 24-09-00148
Date : September 23, 2024

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	Isosorbide Nitrate 5mg sublingual (Isordil)	19.99	9,995.00
2	tablet	500	Metoprolol 50mg	2.83	1,415.00
3	tablet	500	Doxofyline 400mg	37.82	18,910.00
4	nebule	2000	Ipratropium Bromide + Salbutamol	32.33	64,660.00
5	tablet	500	Fenofibrate 160mg	28.83	14,415.00
6	tablet	500	Calcium Carbonate	3.31	1,655.00
7	capsule	500	Betahistine 16mg	34.33	17,165.00
8	tablet	600	Carvedilol 6.25mg	4.83	2,898.00
9	tablet	300	Sodium Chloride 1g	13.00	3,900.00
10	vial	40	Sodium Chloride 2.5 mEq/ml, 20ml solution for injection	51.81	2,072.40
11	tablet	500	Clonidine 75mcg	16.32	8,160.00
12	tablet	2000	Mefenamic 500mg	3.83	7,660.00
13	tablet	300	Isosorbide Mononitrate 60mg	10.33	3,099.00
14	tablet	500	Ciprofloxacin 500mg	7.83	3,915.00
15	capsule	600	Celecoxib 200mg	9.82	5,892.00
16	tablet	1000	Cefuroxime 500mg	37.37	37,370.00



Total Amount Two Hundred Three Thousand One Hundred Eighty One Pesos & 40/100 Php 203,181.40

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:

Ann
Gcmed Pharmaceutical Distributor
(Signature over printed Name)
11-13-24
(Date)

Rodolfo T. Albano III
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: _____