



Republic of the Philippines
PROVINCE OF ISABELA

P.A. NO: 2325

DATE: _____

BY: _____

PURCHASE ORDER

Supplier: Gcmed Pharmaceutical Distributor

P.O. No. : 24-09 - D0149

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

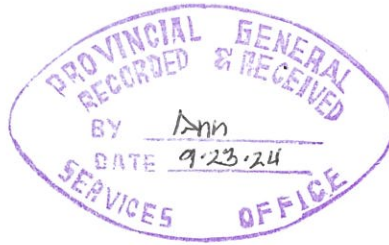
Date : September 23, 2024

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	ampule	3000	Paracetamol 150mg/ml, 2ml solution for injection	20.94	62,820.00
2	tablet	600	Clopidogrel	2.62	1,572.00
3	tablet	300	Aspirin 80mg	1.87	561.00
4	nebule	1000	Budesonide 250mcg/ml	54.83	54,830.00
5	vial	300	Cefazolin 1g powder for injection vial	214.83	64,449.00
6	tablet	200	Naproxen 550mg (equiv. to 500mg Naproxen)	3.18	636.00
7	capsule	200	Gabapentin 100mg	22.78	4,556.00
8	tablet	300	Paracetamol 325mg + Tramadol 37.5mg	78.99	23,697.00



GENERAL FUND

Total Amount Two Hundred Thirteen Thousand One Hundred Twenty One Pesos & 00/100 Php 213,121.00

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,

Conforme:

Gcmed Pharmaceutical Distributor
(Signature over printed Name)
11-13-24
(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: _____