



Republic of the Philippines
PROVINCE OF ISABELA

PA NO: 2224
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-D0150
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 ✓	Sodium Bicarbonate 650mg	1.33	✓ 665.00
2	sachet	180 ✓	Oral Rehydration Salt	6.47	✓ 1,164.60
3	capsule	200 ✓	Tramadol 50mg	6.48	✓ 1,296.00
4	tablet	300 ✓	Sambong 500mg	6.26	✓ 1,878.00
5	capsule	300 ✓	Pregabalin 75mg	49.05	✓ 14,715.00
6	ampule	300 ✓	Citicholine 1g	115.00	✓ 34,500.00



GENERAL FUND

Total Amount Fifty Four Thousand Two Hundred Eighteen Pesos & 60/100 Php 54,218.60

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,

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: _____