



Republic of the Philippines
PROVINCE OF ISABELA

P.A. NO: 2320

DATE: _____
BY: _____

PURCHASE ORDER

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

P.O. No. : 24-09-DOT3
Date : September 24, 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	vial	1000	Ceftazidime 1g	135.79	135,790.00
2	tubule	600	Bacillus Clausi	60.83	36,498.00
3	tablet	500	Metronidazole 500mg	3.66	1,830.00
4	vial	1200	Metronidazole 5mg/ml, 100ml solution for injection	60.83	72,996.00
5	tablet	500	Colchicine 500mcg	2.57	1,285.00
6	capsule	600	Celecoxib 200mg	9.82	5,892.00
7	tablet	1000	Cefuroxime 500mg	37.37	37,370.00

PROVINCIAL GENERAL
RECORDED & RECEIVED
BY Ann
DATE 9-24-24
SERVICES OFFICE

GENERAL FUND

Total Amount Two Hundred Ninety One Thousand Six Hundred Sixty One Pesos & 00/100 Php 291,661.00

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: _____