

10-3

2330



Republic of the Philippines
PROVINCE OF ISABELA

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

PURCHASE ORDER

Supplier: Gcmed Pharmaceutical Distributor

P.O. No. : 24-10-00156

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

Date : October 3, 2024

Gentlemen:

Please furnish this office the following articles subject to the terms and conditions contained herein:

Place of Delivery : <u>PGSO (Echague District Hospital)</u>	Delivery Term : _____	Charge _____
Date of Delivery : <u>Seven (7) days after receipt of P.O.</u>	Payment Term: _____	Check _____

Item No.	Unit	Quantity	Description		Amount
1	vial	260	Vaccine, Vero Cell (purified) 2.5iu/0.5ml vial + diluent	1,679.84	436,758.40
2	tablet	200	Zinc Sulfate tablet	6.03	1,206.00
3	tablet	100	Losartan 100mg tablet	7.82	782.00
4	tablet	210	Acetylcysteine 600mg Effervescent tablet	27.54	5,783.40
5	sachet	120	Acetylcysteine 200mg Oral Powder sachet	14.43	1,731.60



Total Amount	Four Hundred Forty Six Thousand Two Hundred Sixty One Pesos & 40/100	Php 446,261.40
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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:

CMLA
Gcmed Pharmaceutical Distributor
(Signature over printed Name)
12-03-24
(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: _____