

10-4

CA NO: 2332  
DATE: \_\_\_\_\_  
BY: \_\_\_\_\_



Republic of the Philippines  
PROVINCE OF ISABELA

**PURCHASE ORDER**

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

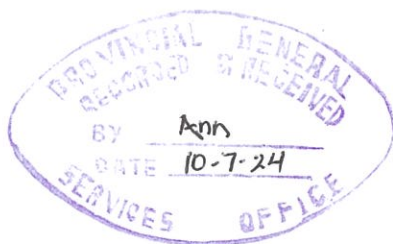
P.O. No. : 24-10-0057  
Date : October 7, 2024

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	30	Bupivacaine 0.5%, 5ml solution for injection (Isobaric)	79.40	2,382.00
2	bottle	1800	PNSS 1L	84.83	152,694.00
3	bottle	360	PLRS 1L	71.33	25,678.80
4	bottle	1200	D5LRS 1L	84.83	101,796.00
5	ampule	200	Phenytoin 50mg/ml, 2ml solution for injection	649.83	129,966.00
6	vial	500	Tetanus Toxoid 40iu	99.83	49,915.00
7	vial	2000	Metronidazole 5mg/ml, 100 solution for injection	60.83	121,660.00
8	capsule	100	Phenytoin 100mg	30.83	3,083.00



**Total Amount** Five Hundred Eighty Seven Thousand One Hundred Seventy Four Pesos & 80/100 Php **587,174.80**

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,

**RODOLFO T. ALBANO III**  
Governor

Conforme:

Gcmed Pharmaceutical Distributor  
(Signature over printed Name)  
11-15-24  
(Date)

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: \_\_\_\_\_