



Republic of the Philippines
PROVINCE OF ISABELA

PURCHASE ORDER

P.A. NO: 3082
DATE: _____
BY: _____

Supplier: **Gcmed Pharmaceutical Distributor**

P.O. No. : 24-12 - 00194A

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

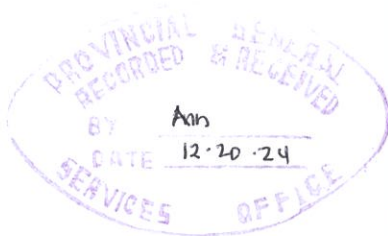
Date : December 20, 2024

Gentlemen:

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

Place of Delivery : <u>PGSO (Milagros Albano 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	capsule	2000	Clindamycin 300mg capsule	36.82	73,640.00
2	nebule	600	Budesonide 250mcg/ml, 2ml Respiratory Solution nebule	54.83	32,898.00
3	ampule	100	Dexamethasone 4mg/ml, 2ml vial	37.98	3,798.00
4	tablet	3000	Isosorbide 5 Monitrate 60mg MR tablet	10.33	30,990.00
5	tablet	2000	Isosorbide 5 Monitrate 30mg MR tablet	10.98	21,960.00
6	bottle	5	Sevoflurane 250ml bottle	10,999.93	54,999.65
7	bottle	144	Paracetamol 250mg/5ml 60ml bottle	38.31	5,516.64
8	tablet	3000	Paracetamol 500mg tablet	1.81	5,430.00
9	vial	50	Insulin, Isophane Human 100IU/ml 10ml vial	397.95	19,897.50
10	tablet	100	Isosorbide Dinitrate 5mg Sublingual tablet	19.92	1,992.00
11	bottle	36	Metronidazole 125mg/5ml 60ml suspension	29.93	1,077.48
12	bottle	72	Multivitamins per 5ml 60ml syrup	48.92	3,522.24



Total Amount

Two Hundred Fifty Five Thousand Seven Hundred Twenty One Pesos & 21/100

Php 255,721.51

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)

12-23-24
(Date)

RODOLFO T. ALBANO III
Governor