



Republic of the Philippines  
PROVINCE OF ISABELA

**PURCHASE ORDER**

P.A. NO: 2883

DATE: \_\_\_\_\_

BY: \_\_\_\_\_

**Gcmed Pharmaceutical Distributor**

P.O. No. : 24-12 - D0199

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

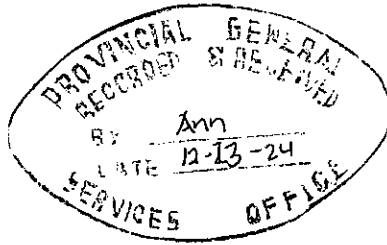
Date : December 23, 2024

Gentlemen:

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

Place of Delivery : PGSO (San Mariano Community 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	600	Omeprazole 40mg	334.81	200,886.00
2	vial	700	Metronidazole 500mg	56.82	39,774.00
3	bottle	72	Paracetamol 100mg/ml, 15ml	37.79	2,720.88
4	bottle	72	Zinc Sulfate Drops, 15ml	64.83	4,667.76
5	bottle	72	Zinc Sulfate Syrup, 60ml	69.82	5,027.04
6	vial	500	Hydrocortisone 100mg	69.82	34,910.00
7	ampule	700	Ranitidine 25mg/ml, 2ml	23.62	16,534.00
8	tablet	300	Isosorbide Dinitrate 5mg, Isordil Sublingual	19.92	5,976.00
9	tablet	1000	Mefenamic Acid 500mg	3.83	3,830.00



**Total Amount** Three Hundred Fourteen Thousand Three Hundred Twenty Five Pesos & 68/100 Php 314,325.68

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:

*[Signature]*  
Gcmed Pharmaceutical Distributor  
(Signature over printed Name)  
\_\_\_\_\_  
(Date)

*[Signature]*  
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: \_\_\_\_\_