



Republic of the Philippines
PROVINCE OF ISABELA

PURCHASE ORDER

P.A. NO: 706
DATE: _____
BY: _____

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

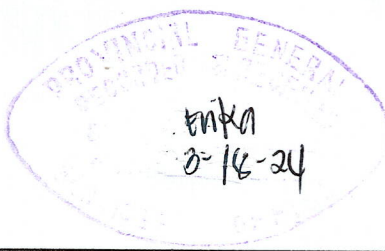
P.O. No. : 2024-03-0054 (11)
Date : 3-14-24

Gentlemen:

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

Place of Delivery : PGSO Delivery Term : _____ Charge _____
Date of Delivery : Seven (7) days after receipt of P.O. Payment Term: _____ Check _____

Item No.	Unit	Quantity	Description		Amount
1	tablet	10000	Amlodipine 5mg	2.52	25,200.00
2	tablet	500	Clonidine 75mg	16.34	8,170.00
3	tablet	2500	Losartan 50mg	8.35	20,875.00
4	tablet	2000	mg + HCTZ 12.5mg	5.85	11,700.00
5	tablet	1000	Metopropol 50mg	2.85	2,850.00
6	tablet	3000	Gliclazide 80mg	4.85	14,550.00
7	tablet	3000	Atorvastatin 20mg	10.45	31,350.00
8	tablet	1000	Levothyroxine 50mcg	3.79	3,790.00
9	tablet	1000	Propylthiouracil 50	12.85	12,850.00
10	tablet	1000	Propranolol 10mg	6.05	6,050.00
11	tablet	6000	AIMG (OH)2	1.70	10,200.00
12	tablet	2000	Omeprazole 40mg	39.84	79,680.00
13	tablet	1000	Alluporinol 100mg	3.84	3,840.00
14	tablet	3000	Diclofenac 50mg	1.60	4,800.00
15	tablet	3000	Celecoxib 400mg	16.44	49,320.00
16	tablet	1000	Butamirate Citrate	15.35	15,350.00
17	tablet	2000	Phenylpropanolamine + Chlorpheniramine	7.20	14,400.00
18	sachet	1000	Acetyl Cystaine 600mg	27.56	27,560.00
19	tablet	5000	Lagundi 600mg	3.20	16,000.00
20	tablet	1000	Salbutamol 2mg	0.55	550.00
21	tube	100	Bethamethasone 1mg/g Cream 10g	148.85	14,885.00
22	tablet	1000	Cetirizine 10mg	4.35	4,350.00
23	tube	20	Ketoconazole Ointment 2% (20mg/g) 15g clean tube	120.00	2,400.00
24	tablet	500	Loratidine 10mg	8.60	4,300.00
25	tablet	1000	Azithromycin 500mg	79.52	79,520.00
26	capsule	1000	Co-Amoxiclav 625mg	18.85	18,850.00
27	tablet	1500	Ciprofloxacin 500mg	7.85	11,775.00
28	tablet	5500	Ferrous Sulfate	1.02	5,610.00



Total Amount Five Hundred Thousand Seven Hundred Seventy Five Pesos & 00/100 Php **500,775.00**

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,

RODOLFO T. ALBANO III
Governor

Conforme: _____
Gcmed Pharmaceutical Distributor
(Signature over printed Name)
3-18-24
(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: _____