



Republic of the Philippines
PROVINCE OF ISABELA

PURCHASE ORDER

SA NO: 700
DATE: _____

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

P.O. No. : **24-04-00058**
Date : **April 30, 2024**

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

Place of Delivery : **PGSO CDH** 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	200	Dydrogesterone 10mg	72.50	14,500.00
2	tube	36	Silver Sulfadiazine 20g	119.85	4,314.60
3	bottle	72	Zinc Sulfate Drops 15ml	64.85	4,669.20
4	tablet	50	Cefixime 200mg	29.84	1,492.00
5	ampule	600	Clindamycin 600mg	268.41	161,046.00
6	tablet	300	Colchicine 500mcg	2.59	777.00
7	bottle	36	Zinc Sulfate Syrup 60ml	69.84	2,514.24
8	tablet	300	Digoxin 250mcg	4.83	1,449.00
9	tablet	400	Loratadine 10mg	8.60	3,440.00
10	sachet	300	Racecadotryl 30mg Oral Syrup	109.00	32,700.00
11	tablet	400	Paracetamol + Tramadol 325mg/37.5mg	79.01	31,604.00



Total Amount **Two Hundred Fifty Eight Thousand Five Hundred Six Pesos & 04/100** **Php 258,506.04**

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:
Gcomed Pharmaceutical Distributor
(Signature over printed Name)
6-3-24
(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: _____