



Republic of the Philippines
PROVINCE OF ISABELA

P.A. NO: 2061

DATE: _____
BY: _____

PURCHASE ORDER

Supplier : **Gcmed Pharmaceutical Distributor**

P.O. No. : 24-05-00065A

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

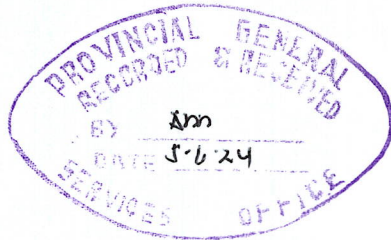
Date : May 02, 2024

Gentlemen:

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

Place of Delivery : **PGSO GPAD7** Delivery Term : _____ Charge _____
Date of Delivery : **Seven (7) days after receipt of P.O.** Payment Term: _____ Check _____

Item No.	Unit	Quantity	Description		Amount
1	tab	300	Fenofibrate 160mg tablet	28.93	8,679.00
2	tab	100	Gliclazide 80mg tablet	4.93	493.00
3	vial	2955	Omeprazole 40mg IV Vial	334.83	989,422.65



Total Amount **Nine Hundred Ninety Eight Thousand Five Hundred Ninety Four Pesos & 65/100** **Php 998,594.65**

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)

05-27-24
(Date)

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: _____