



Republic of the Philippines
PROVINCE OF ISABELA

PURCHASE ORDER

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

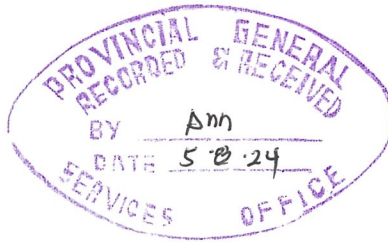
P.O. No. : 24-05-00067
Date : May 8, 2024

Gentlemen:

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

Place of Delivery : PGSO FDA 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 | 100 | Serum, Anti-Rabies 200 IU/ml, 5ml solution for Injection Vial (E | 1,449.85 | 144,985.00 |
| 2 | ampule | 270 | Clindamycin 150mg/ml, 4ml solution for injection | 268.41 | 72,470.70 |
| 3 | ampule | 1700 | Vaccine, Tetanus Toxoid 40 IU (5 lf)/0.5ml, 0/5ml suspension for injection ampule | 79.85 | 135,745.00 |
| 4 | vial | 50 | Ampicillin + Sulbactam 1g+500mg powder for injection | 299.84 | 14,992.00 |
| 5 | vial | 20 | Piperacillin + Tazobactam 4g + 500mg powder for injection vial | 294.85 | 5,897.00 |
| 6 | ampule | 100 | Hydralazine 20mg/ml, 1ml solution for injection | 219.85 | 21,985.00 |



Total Amount Three Hundred Ninety Six Thousand Seventy Four Pesos & 70/100 **Php** 396,074.70

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)
09-03-24
(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: _____