



Republic of the Philippines
PROVINCE OF ISABELA

PURCHASE ORDER

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

P.O. No. : **24-05-00070**
Date : **May 13, 2024**

Gentlemen:

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

Place of Delivery : **PGSO (COH)** 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	300	Benzyll Penicillin 1M Powder for Injection	17.84	5,352.00
2	tablet	300	Aciclovir 400mg	23.84	7,152.00
3	vial	600	Hydrocortisone 100mg	69.84	41,904.00



Total Amount **Fifty Four Thousand Four Hundred Eight Pesos & 00/100** **Php 54,408.00**

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)
7-5-24
(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: _____