



Republic of the Philippines
PROVINCE OF ISABELA

P.A. NO: 1195

DATE: _____

BY: _____

PURCHASE ORDER

Gcmed Pharmaceutical Distributor

P.O. No. : 24-05-00073

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

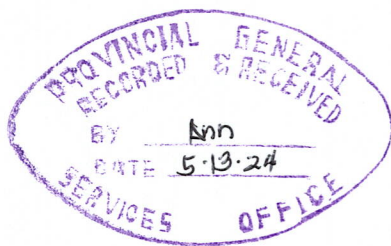
Date : May 13, 2024

Gentlemen:

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

Place of Delivery : PGSO Milagros Alano District Hospital 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	2000	Sodium Chloride 1g tablet	13.02	26,040.00
2	tablet	1000	Azithromycin 500mg tablet	79.52	79,520.00
3	tablet	1020	Carvedilol 6.25mg tablet	4.85	4,947.00
4	capsule	5000	Cefalexin 500mg capsule	6.25	31,250.00
5	capsule	2000	Celecoxib 200mg capsule	9.84	19,680.00
6	vial	2000	Hydrocortisone 100mg powder for injection vial	69.84	139,680.00
7	vial	19	Insulin, Isophane Human (Recombinant DNA) 100 IU/ml, 10m	397.97	7,561.43
8	bottle	288	Lactulose 3.3g/5ml (3.35g/5ml), 120ml syrup bottle	209.85	60,436.80
9	capsuel	5000	Mefenamic Acid 500mg capsule	12.63	63,150.00
10	tablet	2000	Metformin 500mg Film Coated Tablet	3.68	7,360.00
11	pack	10	Activated Charcoal Oral Powder	67.50	675.00
12	tablet	1000	Methyldopa 250mg	10.83	10,830.00
13	vial	300	Metronidazole Vial	56.84	17,052.00



Total Amount Four Hundred Sixty Eight Thousand One Hundred Eighty Two Pesos & 23/100 Php **468,182.23**

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)
09-06-24
(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: _____