



Republic of the Philippines  
 PROVINCE OF ISABELA  
**PURCHASE ORDER**

P.A. NO: 1281  
 Date: \_\_\_\_\_  
 By: \_\_\_\_\_

Supplier : GCMed Pharmaceutical Distributor

P.O. No. : 24-06 - 00077

Address : Legend Mansion Condominium San Juan St., Brgy. 37, 1300 Pasay City NCR. Fourth Dist. Phils

Date : June 5, 2024

Gentlemen:

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

Place of Delivery : PGSO MARDU Delivery Term: \_\_\_\_\_ Charge \_\_\_\_\_

Date of Delivery : Seven (7) days after receipt of P.O. Payment Term: \_\_\_\_\_ Check \_\_\_\_\_

Item No.	Unit	Quantity	Description	Unit Cost	Amount
1	tablet	200	Butamirate 50mg Modified Release Tablet	15.35	3,070.00
2	tablet	200	Calcium Carbonate 500mg Tablet	3.33	666.00
3	capsule	3,000	Cefalexin 500mg Capsule	6.25	18,750.00
4	bottle	24	Cefuroxime 250mg/5ml 50ml oral Suspension	204.83	4,915.92
5	capsule	1,000	Celecoxib 200mg Capsule	9.84	9,840.00
6	bottle	144	Cetirizine 10mg/ml. 10ml Oral Drops bottle	65.41	9,419.04
7	ampule	280	Furosemide 10mg/ml. 2ml Solution for injection	19.84	5,555.20
8	ampule	200	Gabapentin 300mg Capsule	14.83	2,966.00
9	bottle	400	Metoclopramide 5mg/ml. 2ml Solution for Injection	28.85	11,540.00
10	tube	10	Miconazole 2% Topical Cream, 10G	415.00	4,150.00



**Total Amount** Seventy Thousand Eight Hundred Seventy Two & 16/100 Pesos **Php** 70,872.16

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

07-12-24

(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: \_\_\_\_\_