



Republic of the Philippines
PROVINCE OF ISABELA

PURCHASE ORDER

P.A. NO: 2060
DATE: _____
BY: _____

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

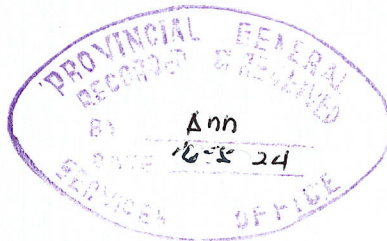
P.O. No. : 24606 - DCOTJA
Date : June 5, 2024

Gentlemen:

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

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

Item No.	Unit	Quantity	Description		Amount
1	bottle	288	Cetirizine 1mg/ml 60ml syrup	78.32	22,556.16
2	tablet	3000	Acetylcysteine 600mg effervescent tablet	27.56	82,680.00
3	sachet	1500	Acetylcysteine 200mg effervescent tablet	14.45	21,675.00
4	bottle	144	Amoxicillin 100mg/ml 15ml oral drops	22.83	3,287.52
5	vial	300	Ampicillin 1G + Sulbactam 500mg vial	299.84	89,952.00
6	vial	200	Serum Anti Rabies Immunoglobulin 200IU (Equine)	1,449.85	289,970.00
7	vial	500	Tetanus Toxoid 40IU/0.5ml vial	79.85	39,925.00
8	tablet	100	Betahistine 16mg	34.35	3,435.00
9	bottle	660	Lactulose 60ml	209.85	138,501.00
10	tablet	300	Ketroanaloguese + Essential Amino Acids	52.84	15,852.00



Total Amount Seven Hundred Seven Thousand Eight Hundred Thirty Three Pesos & 68/100 **Php 707,833.68**

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:

Chtr
Gcmed Pharmaceutical Distributor
(Signature over printed Name)
07-15-24
(Date)

[Signature]
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: _____