



Republic of the Philippines
PROVINCE OF ISABELA

PURCHASE ORDER

P.A. NO: 1198
DATE: _____
BY: _____

Supplier : **Gcmed Pharmaceutical Distributor**

P.O. No. : 24-06-00078A

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

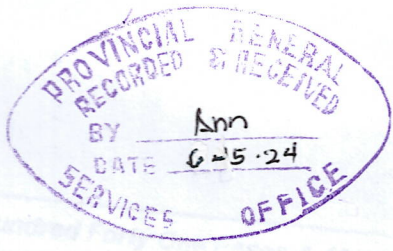
Date : June 5, 2024

Gentlemen:

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

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

Item No.	Unit	Quantity	Description		Amount
1	ampule	100	Phenytoin 50mg/ml 2ml	649.85	64,985.00
2	vial	1000	Cefazolin 1g vial	214.85	214,850.00
3	vial	1000	Ampicillin 500mg vial	39.84	39,840.00
4	ampule	200	Epinephrine 1mg/ml 1ml	75.81	15,162.00
5	tablet	3000	Clopidogrel 75mg tablet	2.64	7,920.00
6	capsule	1000	Clindamycin 300mg capsule	36.84	36,840.00
7	tablet	500	Clonidine 75mcg tablet	16.34	8,170.00
8	tablet	500	Clonidine 150mcg tablet	39.84	19,920.00
9	capsule	3000	Celexocib 200mg capsule	9.84	29,520.00
10	tablet	3000	Trimetazidine 35mg tablet	12.29	36,870.00
11	tablet	3000	Febuxostat 40mg tablet	67.84	203,520.00
12	capsule	5040	Co Amoxicla 625mg capsule	18.85	95,004.00
13	ampule	160	Piperacillin + Tazobactam 4.5g ampule	294.85	47,176.00
14	tablet	100	Gliclazide 80mg tablet	4.85	485.00
15	tablet	300	Gliclazide 60mg tablet	10.80	3,240.00
16	tablet	540	Cefixime 200mg tablet	29.84	16,113.60
17	tablet	300	Ursodeoxycholic Acid 250mg tablet	43.45	13,035.00
18	bottle	72	Clarithromycin 125mg/ml 60ml	393.85	28,357.20
19	bottle	36	Cefixime 100mg/ml suspension 60ml	166.60	5,997.60
20	tablet	300	Carvedilol 6.25mg tablet	7.12	2,136.00



Total Amount Eight Hundred Eighty Nine Thousand One Hundred Forty One Pesos & 40/100 Php **889,141.40**

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:

[Signature]
Gcmed Pharmaceutical Distributor
(Signature over printed Name)
07-12-24
(Date)

[Signature]
RODOLFO T. ALBANO III
Governor *[Signature]*

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: _____