



Republic of the Philippines  
PROVINCE OF ISABELA

RA NO: 1283  
DATE: \_\_\_\_\_  
BY: \_\_\_\_\_

**PURCHASE ORDER**

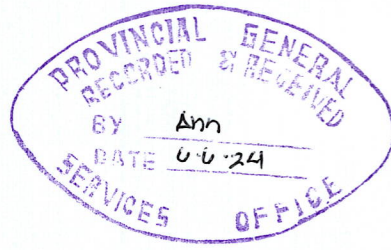
Supplier: Gcmed Pharmaceutical Distributor P.O. No. : 24-06-D0079  
Address: Legend Mansion Condominium, 212 San Juan St., Brgy. 37, 1300 Pasay City N Date : June 6, 2024

Gentlemen:

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

Place of Delivery : PGSO CDA 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	144	Cetirizine drops	65.41	9,419.04
2	bottle	24	Cefaclor 250mg/5ml 60ml syrup	215.85	5,180.40
3	bottle	144	Zinc drops	64.85	9,338.40
4	bottle	144	Zinc syrup 60ml	69.84	10,056.96
5	bottle	24	Cefixime drops	168.83	4,051.92
6	bottle	24	Cefixime 100mg/5ml 60ml	166.60	3,998.40
7	bottle	2	Sevoflurane 250ml	10,999.85	21,999.70
8	tube	24	Clobetasol ointment	48.15	1,155.60
9	tablet	100	Propylthiouracil 50mcg	12.85	1,285.00
10	bottle	48	Ambroxol 15mg/5ml 60ml syrup	27.86	1,337.28



**Total Amount** Sixty Seven Thousand Eight Hundred Twenty Two Pesos & 70/100 **Php** 67,822.70

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)  
7-19-24  
(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: \_\_\_\_\_