



Republic of the Philippines
PROVINCE OF ISABELA

PURCHASE ORDER

P.A. NO: 1593
DATE: _____
BY: _____

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

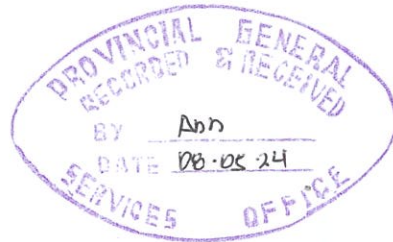
P.O. No. : 24-08-D01b2
Date : August 08, 2024

Gentlemen:

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

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

Item No.	Unit	Quantity	Description		Amount
1	vial	1000	Vaccine, Tetanus Toxoid 40IU(5 lf)/0.5ml ampule	99.83	99,830.00
2	tablet	1000	Clonidine 150mcg tablet	39.82	39,820.00
3	tablet	300	Nifedipine 30mg capsule Modified Release Tablet	41.15	12,345.00
4	ampule	100	Nicardepine 1mg/ml, 10ml ampule	598.39	59,839.00
5	tablet	1000	Hyoscine NBB 10mg tablet	5.57	5,570.00
6	tablet	100	Bisacodyl 5mg tablet	5.72	572.00
7	carpule	300	Lidocaine 2%, 1.8ml w/ epinephrine carpule(dental anesthesia)	26.85	8,055.00
8	ampule	2000	Serum, Anti-tetanus(ATS)1500 IU/0.7ml, 0.7ml ampule	79.43	158,860.00



Total Amount Three Hundred Eighty Four Thousand Eight Hundred Ninety One Pesos & 00/100 Php **384,891.00**

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)
08-22-24
(Date)

RÓDOLFO 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: _____