



Republic of the Philippines
PROVINCE OF ISABELA

PURCHASE ORDER

P.A. NO: 1599
DATE: _____
BY: _____

Gcmed Pharmaceutical Distributor

P.O. No. : 24-08-00103

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

Date : August 01, 2024

Gentlemen:

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

Place of Delivery : PGSO - CDH 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	Metronidazole 5mg/ml, 100ml solution for injection	56.82	56,820.00
2	tablet	500	Eperisone 50mg	37.83	18,915.00
3	tablet	500	Spironolactone 25mg	14.82	7,410.00
4	tablet	300	Tamsulosin 400mcg Prolonged Release Film Coated	20.80	6,240.00



Total Amount Eighty Nine Thousand Three Hundred Eighty Five Pesos & 00/100 Php **89,385.00**

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:

Cher
Gcmed Pharmaceutical Distributor
(Signature over printed Name)
08-22-24
(Date)

Rodolfo T. Albano III
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: _____