

P.A. NO: 1595

DATE: _____

BY: _____



Republic of the Philippines
PROVINCE OF ISABELA

PURCHASE ORDER

Gcmed Pharmaceutical Distributor

P.O. No. : 24 DB - 00105

Date : August 08, 2024

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

Gentlemen:

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

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

Item No.	Unit	Quantity	Description		Amount
1	capsule	900	Clindamycin 300mg capsule	36.82	33,138.00
2	ampule	500	Nicardepine 1mg/ml 10ml ampule	598.39	299,195.00
3	vial	200	Omeprazole 40mg IV vial	334.81	66,962.00
4	tablet	1900	Calcium Carbonate + Vit D3 tablet	4.32	8,208.00
5	tablet	500	Spirololactone 25mg tablet	14.82	7,410.00
6	tablet	5000	Amlodipine 10mg tablet	5.82	29,100.00
7	tablet	1600	Atorvastatin 40mg tablet	16.83	26,928.00
8	tablet	24	Clarithromycin 250mg/ml suspension 60ml	393.83	9,451.92
9	tablet	300	clonidine 150mch tablet	39.82	11,946.00
10	tablet	300	Isosorbide Dinitrate 5mg oral tablet	10.81	3,243.00
11	tablet	300	Cefixime 200mg tablet	10.86	3,258.00
12	tablet	2	Lactulose 60ml	209.83	419.66
13	tablet	300	Spirololactone 50mg tablet	24.79	7,437.00
14	tablet	500	Digoxin 250mcg tablet	4.81	2,405.00
15	capsule	100	Clindamycin 300mg capsule	36.82	3,682.00
16	ampule	130	Tamadol 50mg/ml/ml 2ml ampule	40.83	5,307.90
17	vial	270	Hydrocortisone 100mg vial	69.82	18,851.40
18	ampule	10	Norepinephrine ampule	399.83	3,998.30
19	vial	120	Potassium Chloride 2meq/ml 20ml vial	47.83	5,739.60
20	vial	20	Dextrose 50% 50ml	59.75	1,195.00
21	ampule	500	Hyoscine n Butyl Bromide ampule	34.83	17,415.00
22	piece	1	Salmeterol + Fluticasone 25mg/250mcg inhaler	391.83	391.83
23	ampule	320	Ranitidine 50mg ampule	23.62	7,558.40
24	tablet	150	Fenofibrate 160mg tablet	28.83	4,324.50
25	bottle	3600	IV Fluid 0.9% Sodium Chloride 1L	84.83	305,388.00



Total Amount Eight Hundred Eighty Two Thousand Nine Hundred Fifty Three Pesos & 51/100 **Php 882,953.51**

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,

RODOLFO T. ALBANO III
Governor

Conforme: _____
Gcmed Pharmaceutical Distributor
(Signature over printed Name)
09-20-24
(Date)

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: _____