



Republic of the Philippines
PROVINCE OF ISABELA

P.A. NO: 1592
DATE: _____
BY: _____

PURCHASE ORDER

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

P.O. No. : 24-08-00106
Date : August 9, 2024

Gentlemen:

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

Place of Delivery : PGSO - MARDI 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	400	Furosemide 10mg/ml 2ml solution for injection	19.82	7,928.00
2	ampule	200	Nicardipine 1mg/ml 10ml solution for injection	598.39	119,678.00
3	ampule	380	Serum, Tetanus Antitoxin (ATS) 30000 IU/0.95ml ampule	512.28	194,666.40
4	bottle	144	Cetirizine 10mg/ml 10ml oral drps bottle	65.39	9,416.16
5	bottle	20	Ibuprofen 200mg/5ml 60ml oral suspension	87.32	1,746.40
6	capsule	6000	Amoxicillin 500mg capsule	4.30	25,800.00
7	capsule	5000	Cefalexin 500mg capsule	6.23	31,150.00
8	capsule	600	Celecoxib 200mg capsule	9.82	5,892.00
9	capsule	5000	Cloxacillin (as Sodium) 500mg capsule	4.17	20,850.00
10	capsule	5000	Mefenamic Acid 500mg capsule	12.61	63,050.00



Total Amount Four Hundred Eighty Thousand One Hundred Seventy Six Pesos & 96/100 Php **480,176.96**

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)

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: _____