



Republic of the Philippines
PROVINCE OF ISABELA

PURCHASE ORDER

P.A. NO: 1745
DATE: _____
BY: _____

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

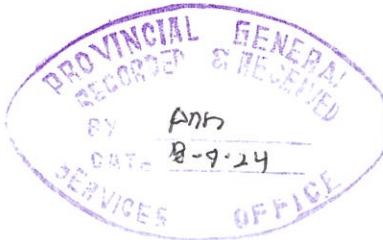
P.O. No. : 24-DB-00107A
Date : August 9, 2024

Gentlemen:

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

Place of Delivery : PGSO - Echague District Hospital 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	2	Albumin, Human 25%, 50ml solution for injection bottle	2,653.83	5,307.66
2	piece	10	Bisacodyl 10mg suppository	29.55	295.50
3	piece	5	Bisacodyl 5mg suppository	31.81	159.05
4	ampule	30	Bupivacaine (HEAVY) + Dextrose 0.5% + 4ml solution for injection	454.83	13,644.90
5	tablet	100	Eperisone 50mg tablet	37.83	3,783.00
6	tablet	50	Paracetamol 325mg + Tramadol 37.5mg tablet	78.99	3,949.50
7	capsule	50	Silymarin capsule	22.75	1,137.50
8	ampule	600	Vaccine, Tetanus Toxoid 40IU (5lf)/0.5ml, 0.5ml suspension	99.83	59,898.00
9	tablet	10	Verapamil 240mg tablet	42.50	425.00
10	ampule	3	Verapamil 5mg/2ml ampule	56.25	168.75



Total Amount Eighty Eight Thousand Seven Hundred Sixty Eight Pesos & 86/100 **Php** 88,768.86

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)
_____ 09-27-24
(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: _____