

P.A. NO: 1597
 DATE: _____
 BY: _____



Republic of the Philippines
 PROVINCE OF ISABELA

PURCHASE ORDER

Supplier: **Gcmed Pharmaceutical Distributor**

P.O. No. : 24-08-00109

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

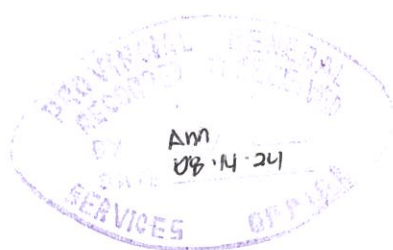
Date : August 14, 2024

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	nebule	1620	Ipratropium + Salbutamol 500mcg + 2.5mg 2.5ml Respiratory Solution	32.33	52,374.60
2	tablet	1000	Ascorbic acid (Vitamin C) 500mg tablet	3.83	3,830.00
3	tablet	500	Cefuroxime 500mg tablet	37.37	18,685.00
4	ampule	730	Paracetamol 150mg/ml, 2ml solution for injection	20.94	15,286.20
5	vial	300	Cefazolin 1g Powder for Injection	214.83	64,449.00
6	tablet	200	Hyoscine 10mg tablet	5.57	1,114.00
7	tablet	300	Metronidazole 500mg tablet	3.66	1,098.00
8	nebule	2010	Salbutamol 2mg/ml 2.5ml Respiratory Solution	10.83	21,768.30
9	tube	20	Mupirocin Cream 2% 15g tube	149.81	2,996.20



Total Amount One Hundred Eighty One Thousand Six Hundred One & 30/100 **Php** 181,601.30

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)

 08-30-24
 (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: _____