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A NO: 2260
DATE: _____
BY: _____



Republic of the Philippines
PROVINCE OF ISABELA

PURCHASE ORDER

Gcmed Pharmaceutical Distributor

P.O. No. : 24-08-D0100B

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

Date : August 13, 2024

Gentlemen:

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

Place of Delivery : <u>PGSO</u>	Delivery Term : _____	Charge _____
Date of Delivery : <u>Seven (7) days after receipt of P.O.</u>	Payment Term: _____	Check _____

Item No.	Unit	Quantity	Description		Amount
1	ampule	700	Serum Anti-Tetanus (ATS) (equine) 1500 IU/0.7ml, 0.7ml	99.34	69,538.00
2	tablet	5000	Mefenamic Acid 500mg tablet	3.83	19,150.00
3	capsule	4000	Amoxicillin 500mg tablet	4.30	17,200.00
4	capsule	2000	Cloxacillin (as Sodium) 500mg capsule	4.17	8,340.00
5	ampule	300	Clindamycin 150mg/ml, 4ml solution for injection ampule	268.39	80,517.00
6	tablet	200	Cefuroxime 500mg tablet	37.37	7,474.00
7	tablet	300	Co-Amoxiclav (Amoxicillin + Clavulanic Acid) 500mg +	18.83	5,649.00
8	capsule	1000	Celecoxib 200mg capsule	9.82	9,820.00
9	tablet	400	Eperisone 50mg tablet	37.83	15,132.00
10	bottle	472	Cefalexin 250mg/5ml, 60ml oral suspension bottle	37.83	17,855.76
11	tablet	400	Clopidogrel 75mg tablet	2.62	1,048.00
12	tablet	600	Betahistine 16mg tablet	34.33	20,598.00
13	tablet	500	Ciprofloxacin 500mg tablet	7.83	3,915.00
14	tablet	300	Hyoscine N-Butylbromide 10mg tablet	5.57	1,671.00
15	bottle	72	Domperidone 1mg/ml, 60ml suspension	117.33	8,447.76
16	bottle	36	Zinc Sulfate, 15ml Oral Drops	64.83	2,333.88
17	capsule	300	Pregabalin 75mg capsule	49.00	14,700.00
18	bottle	72	Ibuprofen 200mg/5ml, 60ml suspension	87.32	6,287.04
19	sachet	500	Oral Rehydration Salt sachet	6.47	3,235.00
20	tablet	100	Isosorbide Dinitrate (Isordil) 5mg Sublingual tablet	19.99	1,999.00



Total Amount	Three Hundred Fourteen Thousand Nine Hundred Ten Pesos & 44/100	Php 314,910.44
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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)

 (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: _____