



Republic of the Philippines
PROVINCE OF ISABELA

DATE: _____
BY: _____

PURCHASE ORDER

Supplier: **Gcmed Pharmaceutical Distributor**

P.O. No. : 24-09 - 00134

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

Date : September 13, 2024

Gentlemen:

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

Place of Delivery : PGSO (GFND Memorial 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	capsule	10000	Amoxicillin 500mg capsule	4.30	43,000.00
2	ampule	500	Chlorpheniramine ampule	11.81	5,905.00
3	tablet	2800	Ketoanalogue + Essential Amino Acid tablet	52.82	147,896.00
4	tablet	10000	Losartan 50mg tablet	8.33	83,300.00
5	tablet	510	Potassium Citrate 10meq tablet	10.82	5,518.20
6	ampule	500	Tranexamic Acid 100mg/ml 5ml ampule	129.83	64,915.00
7	vial	20	Vancomycin 1g vial	1,399.95	27,999.00
8	ampule	2950	Furosemide 10mg/ml 2ml ampule	19.82	58,469.00
9	vial	220	Hydrocortisone 100mg vial	69.82	15,360.40
10	vial	100	Human Albumin 25% 50ml	2,653.83	265,383.00
11	vial	500	Ciprofloxacin 200mg 100ml vial	240.92	120,460.00
12	tablet	5000	Co-Amoxiclav 625mg tablet	18.83	94,150.00



Total Amount Nine Hundred Thirty Two Thousand Three Hundred Fifty bFive Pesos & 60/100 **Php** 932,355.60

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:

[Signature]
Gcmed Pharmaceutical Distributor
(Signature over printed Name)
11-08-24
(Date)

[Signature]
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: _____