

RA NO: 2937
 DATE: _____
 BY: _____



Republic of the Philippines
 PROVINCE OF ISABELA

PURCHASE ORDER

Pharmaceutical Distributor

P.O. No. : 2409-DD/37
 Date : September 16, 2024

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

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

Date 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	tablet	5000	Amlodipine 5mg tablet	2.50	12,500.00
2	tablet	7000	Amlodipine 10mg tablet	5.82	40,740.00
3	tablet	500	Aspirin 80m tablet	1.82	910.00
4	tablet	5000	Atorvastatin 20mg tablet	10.43	52,150.00
5	tablet	10000	Atorvastatin 40mg tablet	16.83	168,300.00
6	tablet	500	Atorvastatin 80mg tablet	20.95	10,475.00
7	tablet	100	Beathistine 8mg tablet	17.88	1,788.00
8	tablet	3000	Beathistine 16mg tablet	34.33	102,990.00
9	tablet	200	Beathistine 24mg tablet	42.40	8,480.00
10	tablet	3000	Calcium + Cholecalciferol (D3) capsule	4.32	12,960.00
11	tablet	7000	Carvedilol 6.25mg tablet	4.83	33,810.00
12	capsule	7000	Cefalexin 500mg capsule	6.23	43,610.00
13	capsule	10000	Cefuroxime 500mg capsule	37.37	373,700.00



Total Amount Eight Hundred Sixty Two Thousand Four Hundred Thirteen Pesos & 00/100 Php **862,413.00**

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)

 12-08-24
 (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: _____