



Republic of the Philippines
PROVINCE OF ISABELA

PURCHASE ORDER

P.A. NO: 2336

DATE: _____

BY: _____

Supplier: **Gcmed Pharmaceutical Distributor**

P.O. No. : 24-09-00138

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

Date : September 16, 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	bottle	4	Sevoflurane 250ml	10,999.83	43,999.32
2	bottle	48	Zinc Sulfate syrup 60ml	69.82	3,351.36
3	tablet	1000	Eperisone 50mg tablet	37.83	37,830.00
4	capsule	6000	Ferrous Salt + Folic Acid 60mg/400mcg capsule	0.73	4,380.00
5	tablet	1000	Isosorbide Mononitrate 30mg MR tablet	10.81	10,810.00
6	tablet	600	Gliclazide 80mg tablet	4.83	2,898.00
7	tablet	1000	Fenofibrate 160mg tablet	28.83	28,830.00
8	ampule	20	Atracurium 10mg/ml, 2.5ml solution for injection	227.83	4,556.60
9	tablet	1000	Sodium Bicarbonate 650mg tablet	1.33	1,330.00
10	tablet	200	Loratadine 10mg tablet	8.58	1,716.00
11	tablet	1000	Potassium Citrate 10meq tablet	10.82	10,820.00
12	tablet	100	Montelukast 4mg chewable tablet	8.83	883.00
13	tablet	500	Tamsulosin 400mcg prolonged release tablet	20.80	10,400.00
14	bottle	144	Cetirizine 5mg/5ml 60ml syrup	78.30	11,275.20
15	bottle	72	Co-Amoxiclav 457mg/5ml 70ml suspension	311.83	22,451.76
16	ampule	5000	Vaccine tEtanus Toxoid 40IU 0.5ml solution	99.83	499,150.00



Total Amount Six Hundred Ninety Four Thousand Six Hundred Eighty One Pesos & 24/100 **Php** 694,681.24

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:

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

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: _____