

9-10

P.A. NO: 2335



Republic of the Philippines
PROVINCE OF ISABELA

DATE: _____
BY: _____

PURCHASE ORDER

Gmed Pharmaceutical Distributor

P.O. No. : 24-09-00140

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

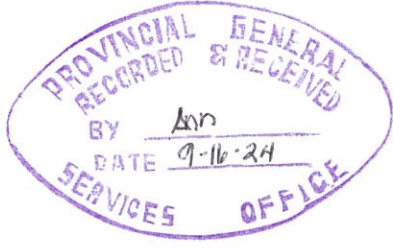
Date : September 16, 2024

Items:

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

Place of Delivery : <u>PGSO (Cauayan District Hospital)</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	nebule	4500	Ipratropium + Salbutamol 500mcg +2.5mg, 2.5ml Respiratory Solution	32.33	145,485.00
2	nebule	300	Budesonide 250mcg/ml, 2ml Respiratory Solution	54.83	16,449.00
3	tubule	300	Bacilus Calusii	60.83	18,249.00
4	bottle	72	Paracetamol 250mg/5ml, 60ml syrup	38.31	2,758.32
5	bottle	72	Cetirizine 1mg/ml, 60ml Oral Solution Bottle	78.30	5,637.60



Total Amount	One Hundred Eighty Eight Thousand Five Hundred Seventy Eight pEsos & 00/100	Php	188,578.92
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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: _____
 Gmed Pharmaceutical Distributor
 (Signature over printed Name)

 11-08-24
 (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: _____