



Republic of the Philippines
PROVINCE OF ISABELA

PURCHASE ORDER

P.A. NO: 2240

DATE: _____

BY: _____

Supplier: Gcmed Pharmaceutical Distributor

P.O. No. : 24-09-00143

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

Date : September 17, 2024

Gentlemen:

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

Place of Delivery : PGSO (San Mariano Community 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	ampule	400	Ketorolac 30mg/ml, 1ml	24.83	9,932.00
2	capsule	100	Mefenamic Acid 500mg	12.61	1,261.00
3	ampule	400	Metoclopramide 5mg/ml, 2ml	28.83	11,532.00
4	tablet	500	Montelukast + Levocetirizine 10mg/5mg	36.50	18,250.00
5	ampule	50	Norepinephrine 1mg/ml, 4ml	399.83	19,991.50
6	ampule	600	Paracetamol 150mg/ml, 2ml	20.94	12,564.00
7	vial	50	Piperacillin + Tazobactam 4g+500mg	294.83	14,741.50
8	capsule	200	Tranexamic Acid 500mg	29.79	5,958.00
9	tablet	200	Trimetazidine 35mg	12.27	2,454.00
10	ampule	300	Vitamin B1+B6+B12 100mg+100mg+1mg, 3ml	34.83	10,449.00
11	bottle	40	Zinc 60ml	69.82	2,792.80



Total Amount One Hundred Nine Thousand Nine Hundred Twenty Five Pesos & 80/100 Php **109,925.80**

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)
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: _____