

P.A. NO: 2939
 DATE: _____
 BY: _____



Republic of the Philippines
 PROVINCE OF ISABELA

PURCHASE ORDER

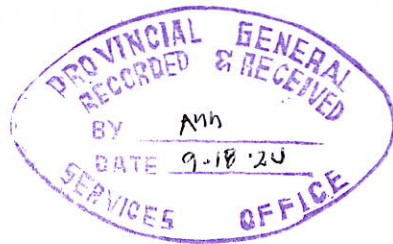
Gcmed Pharmaceutical Distributor
and Mansion Condominium, 212 San Juan St., Brgy. 37, 1300 Pasay City N

P.O. No. : 24-09-00145
 Date : September 18, 2024

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

Delivery : PGSO (San Mariano Community Hospital) Delivery Term : _____ Charge _____
 of Delivery : Seven (7) days after receipt of P.O. Payment Term: _____ Check _____

Item No.	Unit	Quantity	Description		Amount
1	bottle	50	Ambroxol 15mg/ml	23.50	1,175.00
2	ampule	50	Aminophylline 25mg/ml, 10ml	28.05	1,402.50
3	tablet	500	Aluminum Hydroxide + Magnesium Hydroxide	1.68	840.00
4	tablet	1100	Betahistine 16mg	34.33	37,763.00
5	tablet	600	Clonidine 75mg	16.32	9,792.00
6	vial	100	Ceftriaxone 1g + 10ml diluent	307.95	30,795.00
7	capsule	600	Celecoxib 200mg	9.82	5,892.00
8	tablet	500	Cetirizine 10mg	4.33	2,165.00
9	vial	700	Ceftaxizime 1g	135.79	95,053.00
10	tablet	450	Co-Amoxiclav 625mg	18.83	8,473.50
11	ampule	50	Citicholine 1g	78.00	3,900.00
12	tablet	300	Citicholine 500mg	26.00	7,800.00
13	ampule	400	Furosemide 10mg/ml, 2ml	19.82	7,928.00
14	vial	600	Hydrocortisone 100mg	69.82	41,892.00
15	vial	300	Hydrocortisone 250mg	155.32	46,596.00
Total Amount			Three Hundred One Thousand Four Hundred Sixty Seven Pesos & 00/100		Php 301,467.00



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,

Conforme:

[Signature]
 Gcmed Pharmaceutical Distributor
 (Signature over printed Name)
11-13-24
 (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: _____