



PURCHASE ORDER

P.A. NO:                     

Pharmaceutical Distributor

P.O. NUMBER: 24-10-DD159

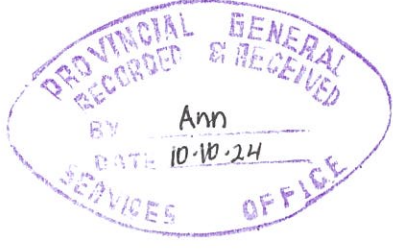
and Mansion Condominium, 212 San Juan St., Brgy. 37, 1300 Pasay City N

Date BY: October 10, 2024

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

Delivery : PGSO (Cauayan District Hospital) Delivery Term : \_\_\_\_\_ Charge \_\_\_\_\_  
 of Delivery : Seven (7) days after receipt of P.O. Payment Term: \_\_\_\_\_ Check \_\_\_\_\_

Item No.	Unit	Quantity	Description		Amount
1	tablet	500	Isosorbide Nitrate 5mg sublingual (Isordil)	19.99	9,995.00
2	tablet	500	Metoprolol 50mg	2.83	1,415.00
3	tablet	500	Doxofyline 400mg	37.82	18,910.00
4	nebule	2000	Ipratropium Bromide + Salbutamol	32.33	64,660.00
5	tablet	500	Fenofibrate 160mg	28.83	14,415.00
6	tablet	500	Calcium Carbonate	3.31	1,655.00
7	capsule	500	Betahistine 16mg	34.33	17,165.00
8	tablet	600	Carvedilol 6.25mg	4.83	2,898.00
9	tablet	300	Sodium Chloride 1g	13.00	3,900.00
10	vial	40	Sodium Chloride 2.5mEq/ml, 20ml solution for injection	51.81	2,072.40
11	tablet	500	Clonidine 75mcg	16.32	8,160.00
12	tablet	2000	Mefenamic 500mg	3.83	7,660.00
13	tablet	300	Isosorbide Mononitrate 60mg	10.33	3,099.00
14	tablet	500	Ciprofloxacin 500mg	7.83	3,915.00
15	capsule	600	Celecoxib 200mg	9.82	5,892.00
16	tablet	1000	Cefuroxime 500mg	37.37	37,370.00



**Total Amount** Two Hundred Three Thousand One Hundred Eighty One Pesos & 40/100 Php **203,181.40**

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)  
11-15-24  
 (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: \_\_\_\_\_