



Republic of the Philippines  
PROVINCE OF ISABELA

P.A. NO: 2507  
DATE: \_\_\_\_\_  
BY: \_\_\_\_\_

**PURCHASE ORDER**

**Gmed Pharmaceutical Distributor**  
**Legend Mansion Condominium, 212 San Juan St., Brgy. 37, 1300 Pasay City N**

P.O. No. : 24-10-0164  
Date : October

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

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

No.	Unit	Quantity	Description		Amount
1	tablet	500	Acetylcysteine 600mg	27.54	13,770.00
2	ampule	1500	Serum, Anti tEtnus 1500iu, 0.7ml	99.34	149,010.00
3	ampule	300	Metoclopramide 5mg/ml	28.83	8,649.00
4	tablet	3000	Mefenamic 500mg	3.83	11,490.00
5	capsule	2000	Amoxicillin 500mg	4.30	8,600.00
6	capsule	500	Celecoxib 200mg	9.82	4,910.00
7	capsule	1000	Cefalexin 500mg	6.23	6,230.00
8	vial	50	Ampicillin + Sulbactam 1.5g, vial	299.82	14,991.00
9	ampule	300	Tramadol 50mg/ml	40.83	12,249.00



**Total Amount** Two Hundred Twenty Nine Thousand Eight Hundred Ninety Nine Pesos & 00/100 Php **229,899.00**

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,

**RODOLFO T. ALBANO III**  
Governor

Conforme:

Gmed 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: \_\_\_\_\_