



Republic of the Philippines
PROVINCE OF ISABELA

PURCHASE ORDER

P.A. NO.: 25606

DATE: _____
BY: _____

Gcmed Pharmaceutical Distributor

P.O. No. : 24-10 - 00145

Date : October 17, 2024

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

Item:

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	tablet	1000	Sodium Bicarbonate 650mg	1.33	1,330.00
2	ampule	1000	Metoclopramide	28.83	28,830.00
3	ampule	300	Norepinephrine 1mg/ml, 4ml solution for injection	399.83	119,949.00
4	tablet	500	Digoxin 250mcg tablet	4.81	2,405.00
5	ampule	100	Digoxin 250mcg/ml, 2ml solution for injection	209.82	20,982.00
6	tablet	600	Azithromycin 500mg	79.50	47,700.00
7	ampule	300	Diphenhydramine 50mg/ml, solution for injection 1ml	96.83	29,049.00



Total Amount Two Hundred Fifty Thousand Two Hundred Forty Five Pesos & 00/100 **Php** 250,245.00

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:

Gcmed Pharmaceutical Distributor
(Signature over printed Name)
11-15-22
(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: _____