

P.A. NO: 2562



Republic of the Philippines  
PROVINCE OF ISABELA

DATE: \_\_\_\_\_  
BY: \_\_\_\_\_

**PURCHASE ORDER**

Gcmed Pharmaceutical Distributor

P.O. No. : 24-10 - 00166

Date : October 18, 2024

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

Attention:

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

Place of Delivery : PGSO (Echague District 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	vial	260	Vaccine, Vero Cell (Purified) 2.5iu/0.5ml vial+diluent	1,679.84	436,758.40
2	ampule	300	Tetanus toxoid 40iu (5 lf) 0.5ml, 0.5ml solution for injection	99.83	29,949.00
3	bottle	480	Sterile Water for Injection 50ml bottle	56.97	27,345.60
4	sachet	500	Oral Rehydration Salt (75-Replacement)20.5g oral powder	4.72	2,360.00
5	tablet	200	Metronidazole 500mg tablet	3.66	732.00
6	tablet	200	Carvedilol 6.25mg tablet	4.83	966.00



**Total Amount** Four Hundred Ninety Eight Thousand One Hundred Eleven Pesos & 00/100 **Php** 498,111.00

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)  
11-15-22  
(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: \_\_\_\_\_