



Republic of the Philippines
PROVINCE OF ISABELA

P.A. NO: 2703
DATE: _____
BY: _____

PURCHASE ORDER

Supplier : Gcmed Pharmaceutical Distributor P.O. No. : 24-12-00182
Address : Legend Mansion Condominium, 212 San Juan St., Brgy. 37, 1300 Pasay City NCR, Date : December 20, 2024

Gentlemen:

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

Place of Delivery : PGSO (Manuel A. Roxas 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	300	Magnesium Sulfate 250mg/ml, 20ml solution for injection	51.83	15,549.00
2	vial	500	Metronidazole 5mg/ml, 100ml solution for injection	56.82	28,410.00
3	tablet	300	Metoprolol (as Tartrate) 50mg tablet	2.83	849.00
4	tablet	5000	Mefenamic Acid 500mg tablet	3.83	19,150.00
5	tube	50	Mupirocin Cream 2%, 15g tube	149.81	7,490.50
6	ampule	100	Nicardipine 1mg/ml, 10ml solution for injection	598.39	59,839.00
7	ampule	700	Serum, Anti Tetanus 1500iu/0.7ml, 0.7ml solution for injection	99.34	69,538.00
8	ampule	600	Serum, Tetanus Antitoxin (ATS) 3000iu/0.95ml ampule	512.28	307,368.00
9	vial	100	Piperacillin+Tazobactam 4g+500mg powder for injection vial	294.83	29,483.00
10	tablet	100	Potassium Citrate 10mEq tablet	10.82	1,082.00



Total Amount Five Hundred Thirty Eight Thousand Seven Hundred Fifty Eight Pesos & 50/100 Php 538,758.50

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:

Gcmed Pharmaceutical Distributor
(Signature over printed Name)
12-18-24
(Date)

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: _____