



Republic of the Philippines
PROVINCE OF ISABELA

PURCHASE ORDER

P.A. NO: 242
DATE: _____
BY: _____

Gcmed Pharmaceutical Distributor

P.O. No. : 24-12-00184

Date : December 20, 2024

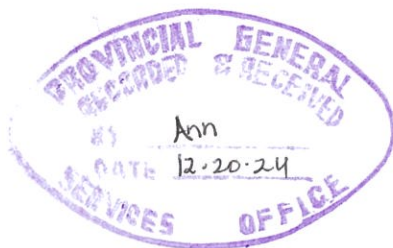
Address : Legend Mansion Condominium, 212 San Juan St., Brgy. 37, 1300 Pasay City NCR,

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 | 100 | Ampicillin + Sulbactam 1g + 500mg powder for injection | 299.82 | 29,982.00 |
| 2 | capsule | 6000 | Amoxicillin 500mg capsule | 4.30 | 25,800.00 |
| 3 | bottle | 72 | Amoxicillin 100mg/ml 15ml oral drops | 22.81 | 1,642.32 |
| 4 | bottle | 472 | Amoxicillin 250mg/5ml 60ml oral suspension | 89.82 | 42,395.04 |
| 5 | tube | 50 | Betamethasone Cream 0.1% 5g tube | 148.83 | 7,441.50 |
| 6 | capsule | 5000 | Cefalexin 500mg capsule | 6.23 | 31,150.00 |
| 7 | tablet | 2000 | Clopidogrel 75mg tablet | 2.62 | 5,240.00 |
| 8 | bottle | 72 | Cefalexin 100mg/ml 10ml oral drops bottle | 24.62 | 1,772.64 |
| 9 | ampule | 300 | Chlorphenamine (Chlorpheniramine) 1mg/ml 1ml | 11.81 | 3,543.00 |
| 10 | capsule | 500 | Ketoanalogue Essential Amino Acid capsule | 52.82 | 26,410.00 |
| 11 | bottle | 244 | Lactulose 3.3g/5ml (3.35g/5ml) 120ml syrup bottle | 209.83 | 51,198.52 |
| 12 | tablet | 3000 | Losartan 50mg tablet | 8.33 | 24,990.00 |
| 13 | vial | 1000 | Omeprazole 40mg powder for injection vial+10ml solvent | 334.81 | 334,810.00 |



Total Amount Five Hundred Eighty Six Thousand Three Hundred Seventy Five Pesos & 02/100 Php 586,375.02

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:

Chika
Gcmed Pharmaceutical Distributor
(Signature over printed Name)

12-20-24
(Date)

R. Albano III
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: _____