



Republic of the Philippines  
PROVINCE OF ISABELA

PA NO: 2773  
DATE: \_\_\_\_\_  
BY: \_\_\_\_\_

**PURCHASE ORDER**

Supplier: **Gcmed Pharmaceutical Distributor**

P.O. No. : 24-12-00187

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

Date : December 23, 2024

Gentlemen:

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	tablet	200	Aspirin 80mg tablet	1.82	364.00
2	piece	20	Bisacodyl 5mg suppository	31.81	636.20
3	piece	50	Bisacodyl 10mg suppository	29.55	1,477.50
4	tablet	380	Clopidogrel 75mg tablet	2.62	995.60
5	tablet	630	Cefuroxime 500mg tablet	37.37	23,543.10
6	capsule	850	Celecoxib 200mg tablet	9.82	8,347.00
7	ampule	120	Serum, Tetanus Antitoxin (ATS) 3000iu/0.95ml ampule	512.28	61,473.60



**Total Amount** Ninety Six Thousand Eight Hundred Thirty Seven Pesos & 00/100 Php **96,837.00**

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)  
12-20-24  
(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: \_\_\_\_\_