



Republic of the Philippines
PROVINCE OF ISABELA

PURCHASE ORDER

BY: _____

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

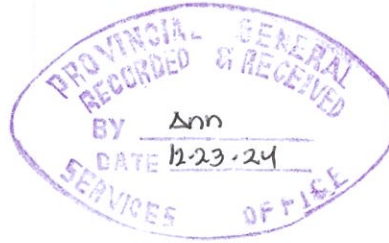
P.O. No. : 24-12-D0188
Date : December 23, 2024

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	400	Acetylcysteine 600mg Effervescent tablet	27.54	11,016.00
2	bottle	40	Cefixime 100mg/5ml, 60ml oral suspension bottle	166.58	6,663.20
3	tablet	500	Hyoscine 10mg tablet	5.57	2,785.00
4	tablet	700	Losartan 50mg tablet	8.33	5,831.00
5	vial	850	Omeprazole 40mg powder for injection vial + 10ml solvent	334.81	284,588.50
6	vial	40	Potassium Chloride 2mEq/ml, 20ml vial	47.83	1,913.20
7	capsule	1800	Vitamin B1+B12+B6 100mg+5mg+50mcg capsule	2.90	5,220.00
8	bottle	144	Zinc (20mg elemental zinc/5ml), 60ml syrup bottle	69.82	10,054.08



Total Amount Three Hundred Twenty Eight Thousand Seventy Pesos & 98/100 Php 328,070.98

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:

Ann
Gcmed Pharmaceutical Distributor
(Signature over printed Name)
12-20-24
(Date)

Rodolfo T. 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: _____