



Republic of the Philippines
PROVINCE OF ISABELA

P.A. NO: 2865
DATE: _____
BY: _____

PURCHASE ORDER

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

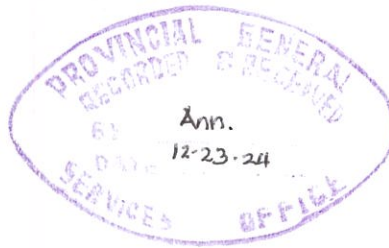
P.O. No. : 24-12-00195
Date : December 23, 2024

Gentlemen:

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

Place of Delivery : PGSO (Cauayan 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	600	Acetylcysteine 600mg effervescent	27.54	16,524.00
2	vial	30	Albumin, Human 25% 50ml solution for injection	2,653.83	79,614.90
3	tablet	300	Aluminum Hydrochloride + Magnesium Hydroxide 200mg+100mg	34.40	10,320.00
4	tablet	1000	Amlodipine 5mg	2.50	2,500.00
5	tablet	1000	Amlodipine 10mg	5.82	5,820.00
6	capsule	2000	Amoxicillin 500mg	4.30	8,600.00



Total Amount One Hundred Twenty Three Thousand Three Hundred Seventy Eight Pesos & 90/100 Php 123,378.90

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)
12-23-24
(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: _____