



Republic of the Philippines
PROVINCE OF ISABELA

P.A. NO: 2879
DATE: _____
BY: _____

PURCHASE ORDER

Supplier: **Gcmed Pharmaceutical Distributor**

P.O. No. : 24-12-D0196

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 (GFNDMH) Delivery Term : _____ Charge _____
Date of Delivery : Seven (7) days after receipt of P.O. Payment Term: _____ Check _____

Item No.	Unit	Quantity	Description		Amount
1	ampule	1000	Tramadol 50mg/ml 2ml ampule	40.83	40,830.00
2	vial	50	Human Albumin 25% vial	2,653.83	132,691.50
3	vial	600	Metronidazole 5mg/ml 100ml	56.82	34,092.00
4	capsule	500	Ketoanalogue+Essential Amino Acid capsule	52.82	26,410.00
5	vial	500	Potassium Chloride 2meq/ml 20ml vial	47.83	23,915.00
6	tablet	300	Ursodeoxycholic Acid 250mg capsule	43.43	13,029.00
7	tablet	300	Potassium Citrate 10meq tablet	10.82	3,246.00
8	tablet	1000	Metformin Hydrochloride 500mg tablet	3.66	3,660.00
9	capsule	1000	Cefalexin 500mg capsule	6.23	6,230.00
10	vial	100	Amikacin 50mg/ml 2ml vial	72.63	7,263.00
11	ampule	50	Digoxin 250mcg/ml 2ml ampule	209.82	10,491.00
12	tablet	500	Isosorbide 5 Mononitrate 30mg MR tablet	10.81	5,405.00
13	capsule	500	Cloxacillin 500mg capsule	4.17	2,085.00
14	tablet	500	Aspirin 80mg tablet	1.82	910.00
15	tablet	2000	Atorvastatin 40mg tablet	16.83	33,660.00
16	tablet	1000	Sambong 500mg tablet	6.26	6,260.00
17	vial	200	Omeprazole 40mg IV vial	334.81	66,962.00
18	piece	400	Enoxaparin 40IU pre filled syringe	397.90	159,160.00
19	piece	200	Enoxaparin 60IU pre filled syringe	464.88	92,976.00



Total Amount Six Hundred Sixty Nine Thousand Two Hundred Seventy Five Pesos & 50/100 Php 669,275.50

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:

[Signature]
Gcmed Pharmaceutical Distributor
(Signature over printed Name)

(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: _____