



Republic of the Philippines  
PROVINCE OF ISABELA

P.A. NO: 2880  
DATE: \_\_\_\_\_  
BY: \_\_\_\_\_

**PURCHASE ORDER**

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

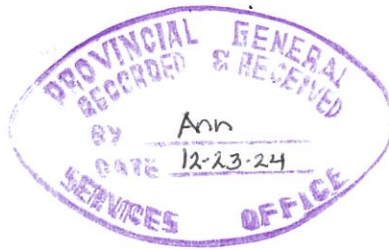
P.O. No. : 24-12-00197  
Date : December 23, 2024

Gentlemen:

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

Place of Delivery : PGSO (San Mariano Community 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	1200	Ceftriaxone 1g for injection	307.95	369,540.00
2	ampule	200	Gentamycin 40mg/ml, 2ml	14.71	2,942.00
3	ampule	50	Dexamethasone 4mg/ml, 2ml	37.98	1,899.00
4	polyamp	200	Bacillus Clausii	60.83	12,166.00
5	sachet	200	Acetylcysteine 200mg	14.43	2,886.00
6	ampule	500	Ketorolac 30mg/ml, 1ml	24.83	12,415.00
7	ampule	800	Paracetamol 150mg/ml, 2ml	20.93	16,744.00
8	ampule	500	Ranitidine 25mg/ml, 2ml	23.62	11,810.00
9	ampule	300	Tranexamic Acid 100mg/ml, 5ml	129.83	38,949.00
10	ampule	300	Tramadol 50mg/ml, 1ml	40.83	12,249.00



**Total Amount** Four Hundred Eighty One Thousand Six Hundred Pesos & 00/100 Php 481,600.00

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,

Conforme: \_\_\_\_\_  
Gcmed Pharmaceutical Distributor  
(Signature over printed Name)  
12-23-24  
(Date)

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: \_\_\_\_\_