



Republic of the Philippines
PROVINCE OF ISABELA

P.A. NO: 2883
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. : 24-12-00199
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	600	Omeprazole 40mg	334.81	200,886.00
2	vial	700	Metronidazole 500mg	56.82	39,774.00
3	bottle	72	Paracetamol 100mg/ml, 15ml	37.79	2,720.88
4	bottle	72	Zinc Sulfate Drops, 15ml	64.83	4,667.76
5	bottle	72	Zinc Sulfate Syrup, 60ml	69.82	5,027.04
6	vial	500	Hydrocortisone 100mg	69.82	34,910.00
7	ampule	700	Ranitidine 25mg/ml, 2ml	23.62	16,534.00
8	tablet	300	Isosorbide Dinitrate 5mg, Isordil Sublingual	19.92	5,976.00
9	tablet	1000	Mefenamic Acid 500mg	3.83	3,830.00



Total Amount Three Hundred Fourteen Thousand Three Hundred Twenty Five Pesos & 68/100 Php 314,325.68

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)

(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: _____