



Republic of the Philippines
PROVINCE OF ISABELA

P.A. NO: 2786
DATE: _____
BY: _____

PURCHASE ORDER

Gcmed Pharmaceutical Distributor

P.O. No. : 24-12-MO180

Legend Mansion Condominium, 212 San Juan St., Brgy. 37, 1300 Pasay City NCR,

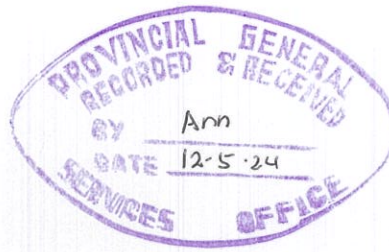
Date : December 5, 2024

Items:

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	capsule	1000	Celecoxib 200mg	9.82	9,820.00
2	bottle	72	Cetirizine 10mg/5ml, 60ml syrup	78.30	5,637.60
3	tablet	1000	Cetirizine 25mg	4.33	4,330.00
4	tablet	300	Cinnarizine 25mg	1.32	396.00
5	tablet	500	Ciprofloxacin 500mg	7.83	3,915.00
6	capsule	300	Clindamycin 300mg	36.82	11,046.00
7	tablet	500	Clopidogrel 75mg	2.62	1,310.00
8	capsule	300	Cloxacillin 500mg	4.17	1,251.00
9	tablet	500	Co-amoxiclav 625mg	18.83	9,415.00
10	tablet	500	Colchicine 500mcg	2.57	1,285.00
11	ampule	100	Dexamethasone 4mg/ml, 2ml solution for injection	37.98	3,798.00
12	ampule	500	Diphenhydramine 50mg/ml, 1ml solution for injection	96.83	48,415.00
13	tablet	500	Eperisone 50mg	37.83	18,915.00
14	kit	50	Ecoxaparin 4000iu pre filled syringe	397.90	19,895.00
15	kit	20	Epoetin Alfa 4000iu pre filled syringe	549.83	10,996.60
16	ampule	500	Epinephrine 1mg/ml solution for injection	75.79	37,895.00
17	capsule	300	Folic Acid 5mg	3.42	1,026.00
18	vial	1000	Hydrocortisone 100mg powder for injection	69.82	69,820.00



Total Amount Two Hundred Fifty Nine Thousand One Hundred Sixty Six Pesos & 20/100 Php 259,166.20

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)
12-09-24
(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: _____