



Republic of the Philippines
PROVINCE OF ISABELA

P.A. NO. 2788
DATE _____
BY: _____

PURCHASE ORDER

Supplier: Gcmed Pharmaceutical Distributor

P.O. No. : 24-12-M0182

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

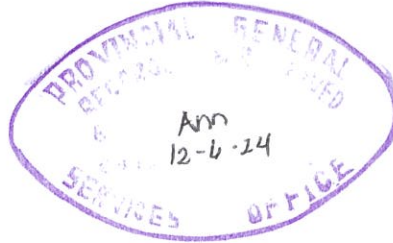
Date : December 6, 2024

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	ampule	100	Hydralazine 20mg/ml, 1ml solution for injection	219.83	21,983.00
2	vial	500	Hydrocortisone 250mg powder for injection	155.32	77,660.00
3	tablet	300	Isosorbide Mononitrate 30mg	10.81	3,243.00
4	tablet	100	Isosorbide Mononitrate 60mg	10.33	1,033.00
5	bottle	120	Lactulose 3.3g/gml, 120ml syrup	209.85	25,182.00
6	tablet	700	Levofloxacin 500mg	37.83	26,481.00
7	tablet	1000	Losartan 50mg	8.33	8,330.00
8	tablet	200	Losartan + Hydrochlorothiazide +12.5mg	5.83	1,166.00
9	tablet	2500	Mefenamic Cid 500mg	3.83	9,575.00
10	tablet	300	Metronidazole 500mg	3.66	1,098.00
11	vial	1600	Metronidazole 5mg/ml, 100ml solution for injection	56.82	90,912.00



Total Amount Two Hundred Sixty Six Thousand Six Hundred Sixty Three Pesos & 00/100 Php 266,663.00

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)

12-09-24
(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: _____