



Republic of the Philippines
PROVINCE OF ISABELA

PURCHASE ORDER

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

P.O. No. : 24-02-00009
Date : February 6, 2024

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

Place of Delivery : PGSO 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	2000	Amoxicillin 500mg	4.35	8,700.00
2	tablet	500	Ciprofloxacin 500mg	7.88	3,940.00
3	tablet	500	Colchicine 500mcg	2.62	1,310.00
4	tablet	300	Dimperdione 10mg	14.88	4,464.00
5	ampule	500	Hyoscine N-B-Br 20mg/ml	34.88	17,440.00
6	ampule	100	Propofol 10mg/ml, 10ml	542.72	54,272.00
7	tablet	210	Potassium Citrate 1080mg	10.92	2,293.20
8	tablet	200	Methimazole 5mg	35.25	7,050.00
9	ampule	700	ATS 1500iu	79.38	55,566.00
10	vial	700	Tetanus Toxoid 40iu/0.5ml	79.88	55,916.00



Total Amount Two Hundred Ten Thousand Nine Hundred Fifty One Pesos & 20/100 **Php** 210,951.20

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,

RODOLFO T. ALBANO III
Governor

Conforme: _____
Gcmed Pharmaceutical Distributor
(Signature over printed Name)
_____ 3-4-24
(Date)

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: _____