



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 No**

P.O. No. : 24-02-00017
Date : February 7, 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	tablet	2000	Co-Amoxiclav 625mg	18.88	37,760.00
2	tablet	2000	Losartan 50mg	8.38	16,760.00



Total Amount **Fifty Four Thousand Five Hundred Twenty Pesos & 00/100** **Php 54,520.00**

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,

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: _____