



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

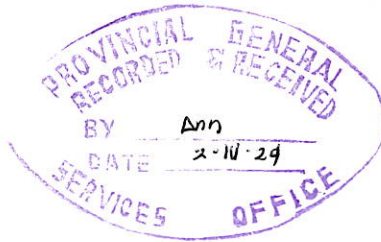
P.O. No. : 24-02-00023
Date : February 14, 2024

Gentlemen:

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

Place of Delivery : PGSO - CAJEME 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	tablet	230	Trimetazidine 35mg tab	12.32	2,833.60
2	tablet	200	Colchicine 500mcg	2.62	524.00
3	tablet	400	Folic Acid 5mg	3.47	1,388.00
4	ampule	2000	Ranitidine 50mg/2ml	23.66	47,320.00



Total Amount Fifty Two Thousand Sixty Five Pesos & 60/100 Php **52,065.60**

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)
3-1-24
(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: _____