

Certified Correct: __

Republic of the Philippines

			PROVINCE OF IS				
PURCHASE ORDER Supplier: Gcmed Pharmaceutical Distributor P.O. No. : 24-02 - 00024							
45 4 15 H	oplier : Gcmed Pharmaceutical Distributor dress : Legend Mansion Condominium, 212 San Juan St., Brgy. 37, 1300 Pasay City N					24-02 - 00	
		ansion Col	February 14	,2024			
Gentlemen: Please furnish this office the following articles subject to the terms and conditions contained herein:							
Place of Delivery: PGSO - CAUGHAN DITRICT HORITAL Delivery Term:						Charge	
Date of D	5 =) days after receipt of P.O.	Payment Term:	1 2-30 1	Check	*
Item No.	Unit	Quantity		T		Amo	ount
item ivo.	Offic	Quartity					
1 2 3 4 5	tablet nebule capsule tablet tube	280 100 900 200 96	Etoricoxib 120mg Bacillus Clausii Amoxicillin 500mg Orphenadrine + Paracetamol Mupirocin ointment 15g		97.50 60.88 4.35 54.51 149.86		27,300.00 6,088.00 3,915.00 10,902.00 14,386.56
6	tablet	60	Rebamipide 100mg	TECHNOLO ALCONOLO OFFICE	35.00		2,100.00
Total A	Total Amount Sixty Four Thousand Six Hundred Ninety One Pesos & 5				00	Php	64,691.56
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) 3 1 - 2 4 (Date)						NO III	
			pursuant to Section 369 (a) of RA 7160 solution No.:), this portion must be ac	complished).		

Date: _