



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. : 24-02-00029
Date : February 15, 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	bottle	72	Cefuroxime 250mg/5ml, 60ml	204.83	14,747.76
2	ampule	600	Citicholine 1g	105.00	63,000.00
3	capsule	500	Doxycycline 100mg	16.86	8,430.00
4	bottle	144	Paracetamol 250mg/5ml syr, 60ml	38.33	5,519.52
5	vial	135	Ceftazidime 1g	135.81	18,334.35
6	tablet	300	Paracetamol + Orphenadrine	18.50	5,550.00

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Total Amount **One Hundred Fifteen Thousand Five Hundred Eighty One Pesos and 63/100 Only** Php **115,581.63**

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)

 2-5-24
 (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: _____