



Republic of the Philippines
PROVINCE OF ISABELA

PURCHASE ORDER

Supplier: Gcmed Pharmaceutical Distributor

P.O. No. : 24-02-00033

Address : Legend Mansion Condominium, 212 San Juan St., Brgy. 37, 1300 Pasay City NC

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	tablet	500	Domperidone 10mg	14.85	7,425.00
2	tablet	600	Febuxostat 40mg	67.84	40,704.00
3	tablet	300	Losartan 50mg	7.84	2,352.00
4	tablet	1000	Mefenamic Acid 500mg	3.85	3,850.00
5	vial	600	Oxacillin 500mg	129.80	77,880.00
6	tablet	200	Spironolactone 25mg	14.84	2,968.00
7	ampule	280	Vitamin B Complex	34.85	9,758.00
8	vial	10	Adenosine 6mg	1,959.85	19,598.50
9	ampule	50	Digoxin 250mcg	209.84	10,492.00
10	vial	90	Ceftazidime 1g	135.81	12,222.90
11	ampule	500	Tramadol 50mg	40.85	20,425.00
12	vial	120	Piperacillin Tazobactam 4.5g	294.85	35,382.00
13	tablet	600	Ferrous Sulfate	1.02	612.00



Total Amount Two Hundred Forty Three Thousand Six Hundred Sixty Nine Pesos and 40/100 Only Php 243,669.40

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)
4-6-24
(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: _____