



Republic of the Philippines
PROVINCE OF ISABELA

PURCHASE ORDER

Supplier : **Gcmed Pharmaceutical Distributor**

P.O. No. : **24-02-00034**

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

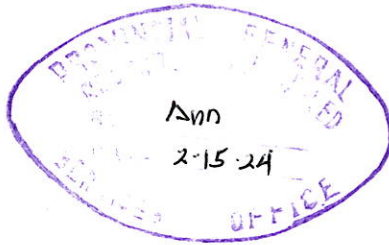
Date : **February 15, 2024**

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	30	Etoricoxib 120mg	97.50	2,925.00
2	nebule	210	Bacillus Clausii	60.88	12,784.80
3	ampule	200	Citicholine 1g	115.00	23,000.00
4	capsule	100	Amoxicillin 500mg	4.35	435.00
5	tablet	200	Methyldopa 250mg	10.86	2,172.00
6	vial	200	Potassium Chloride 20mEq, 20ml	47.88	9,576.00
7	nebule	1000	Salbutamol + Ipratropium	32.38	32,380.00
8	capsule	112	Pregabalin	49.05	5,493.60



Total Amount **Eighty Eight Thousand Seven Hundred Sixty Six Pesos and 40/100 Only** Php **88,766.40**

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)
4-8-24
(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: _____