



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 NC

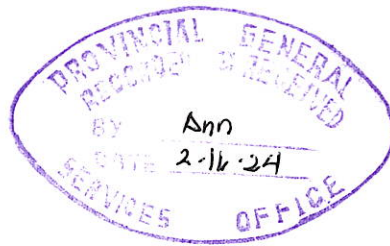
P.O. No. : 24-02-00036
Date : February 16, 2024

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	1000	Potassium Chloride 600mg	17.98	17,980.00
2	vial	300	Cefazolin 1g	214.93	64,479.00
3	tablet	210	Citicholine 1g	85.00	17,850.00
4	tablet	100	Atorvastatin 40mg	16.88	1,688.00
5	ampule	50	Diclofenac 25mg/ml, 3ml	19.77	988.50
6	bott	100	Amoxicillin 20mg/5ml powder for suspension, 60ml	89.87	8,987.00
7	bott	100	Cefalexin 250mg/5ml powder for suspension, 60ml	41.00	4,100.00
8	bott	100	Paracetamol 250mg/5ml syrup, 60ml	38.36	3,836.00
9	sachet	100	Oral Rehydration Salt	6.47	647.00
10	nebule	60	Salbutamol + Ipratropium	32.38	1,942.80
11	tablet	500	Sambong 500mg	6.42	3,210.00
12	tablet	200	Propranolol 10mg	9.42	1,884.00
13	vial	960	Ampicillin 250mg	37.72	36,211.20



Total Amount One Hundred Sixty Three Thousand Eight Hundred Three Pesos and 50/100 Only Php 163,803.50

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)
4-11-24
(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: _____