



Republic of the Philippines  
PROVINCE OF ISABELA

**PURCHASE ORDER**

Supplier: **Gcmed Pharmaceutical Distributor**

P.O. No. : **24-03 - 00045**

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

Date : **March 1, 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	ampule	150	Sodium Bicarbonate 1mEq/mL, 20ml solution for injection amp	116.32	17,448.00
2	ampule	200	Hyoscine 20mg/ml, 1ml solution for injection ampule	34.85	6,970.00
3	ampule	10	Dopamine 40mg/ml ,5ml solution for injection	88.83	888.30
4	ampule	5	Haloperidol 50mg/ml, 1ml ampule	999.85	4,999.25
5	tablet	180	Azithromycin 500mg tablet	79.52	14,313.60
6	vial	1000	Hydrocortisone 100mg powder for injection vial	69.84	69,840.00
7	vial	50	Calcium Gluconate 10%, 10ml solution for injection	60.83	3,041.50
8	vial	99	Serum, Anti-Rabies 200 IU/ml, 5ml solution for injection vial (E	1,449.85	143,535.15



**Total Amount** **Two Hundred Sixty One Thousand Thirty Five Pesos & 80/100** Php **261,035.80**

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: \_\_\_\_\_