



Republic of the Philippines  
PROVINCE OF ISABELA

**PURCHASE ORDER**

Supplier: **Gcmed Pharmaceutical Distributor**

P.O. No. : 24-03-00047

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	Vial	500	Serum, Anti-Tetanus 1500 IU/0.7ml, 0.7ml solution for injection	79.36	39,680.00
2	Ampule	500	Vaccine, Tetanus Toxoid 40 IU (5 lf)/0.5ml, 0.5ml suspension	79.85	39,925.00
3	vial	100	Bupivacaine + Dextrose 0.5% + 8%, 4ml solution for injection	454.85	45,485.00
4	vial	300	Metronidazole 5mg/ml, 100ml solution for injection	56.84	17,052.00
5	Ampule	200	Clindamycin 150mg/ml, 4ml solution for injection	268.41	53,682.00
6	Tablet	400	Cetirizine 10mg tablet	4.35	1,740.00
7	Ampule	600	Oxytocin 10 IU/ml, 1ml solution for injection	89.75	53,850.00



**Total Amount** Two Hundred Fifty One Thousand Four Hundred Fourteen Pesos & 00/100 Php **251,414.00**

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,

Conforme:

Gcmed Pharmaceutical Distributor  
(Signature over printed Name)  
3-4-24  
(Date)

**RODOLFO T. ALBANO III**  
Governor

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: \_\_\_\_\_