



Republic of the Philippines
PROVINCE OF ISABELA

PURCHASE ORDER

Supplier: **Gcmed Pharmaceutical Distributor**

P.O. No. : **24-03-00048**

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

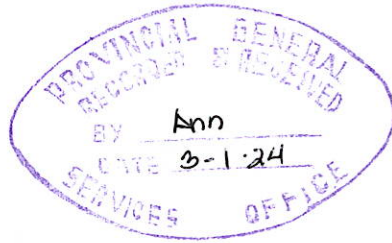
Date : **March 1, 2024**

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	250	Atropine 1mg/ml, 1ml solution for injection ampule	114.97	28,742.50
2	Ampule	100	Hydralazine 20mg/ml, 1ml solution for injection	219.85	21,985.00
3	Ampule	150	Hysocine 20mg/ml, 1ml solution for injection	34.85	5,227.50
4	Bottle	288	Cetirizine 1mg/ml, 60ml oral solution bottle	78.32	22,556.16
5	Capsule	500	Tramadol 50mg capsule	6.50	3,250.00
6	Tablet	200	Metoprolol (as Tartrate) 50mg tablet	2.85	570.00



Total Amount **Eighty Two Thousand Three Hundred Thirty One & 16/100** **Php 82,331.16**

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: _____