



Republic of the Philippines
PROVINCE OF ISABELA

DATE: _____
BY: _____

PURCHASE ORDER

Gcmed Pharmaceutical Distributor

P.O. No. : 24-09-D0128

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

Date : September 12, 2024

Item:

Please furnish this office the following articles subject to the terms and conditions contained herein:

Place of Delivery : PGSO

Delivery Term :

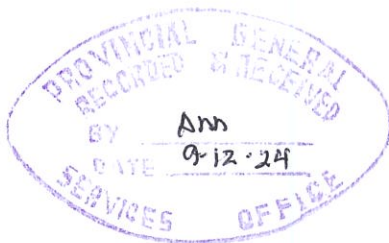
Charge

Date of Delivery : Seven (7) days after receipt of P.O.

Payment Term:

Check

Item No.	Unit	Quantity	Description		Amount
1	ampule	600	Ranitidine 25mg/2ml, 2ml	23.62	14,172.00
2	vial	40	Ampicillin + Sulbactam 750mg	209.85	8,394.00
3	vial	30	Ampicillin + Sulbactam 1.5g	299.82	8,994.60
4	ampule	40	Clindamycin 150mg/4ml, 4ml	268.39	10,735.60
5	ampule	400	Serum, Anti-tetanus 1500iu/0.7ml	99.34	39,736.00
6	vial	1000	Hydrocortisone 100mg	69.82	69,820.00
7	vial	400	Hydrocortisone 250mg	155.32	62,128.00



Total Amount

Two Hundred Thirteen Thousand Nine Hundred Eighty Pesos & 20/100

Php

213,980.20

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)

11-08-24
(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: _____