



Republic of the Philippines
PROVINCE OF ISABELA

P.A. NO: 2025
DATE: _____
BY: _____

PURCHASE ORDER

Supplier : Gcmed Pharmaceutical Distributor
Address : Legend Mansion Condominium, 212 San Juan St., Brgy. 37, 1300 Pasay City NCR,

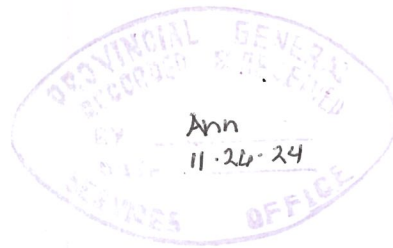
P.O. No. : 24-11-00177
Date : November 26, 2024

Gentlemen:

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

Place of Delivery : PGSO (Cauayan District Hospital) Delivery Term : _____ Charge _____
Date of Delivery : Seven (7) days after receipt of P.O. Payment Term: _____ Check _____

Item No.	Unit	Quantity	Description		Amount
1	bottle	12 ✓	Azithromycin 200mg/5ml, 15ml oral suspension ✓	329.33	3,951.96
2	tablet	500 ✓	Azithromycin 500mg ✓	79.50	39,750.00
3	tube	600 ✓	Bacillus Clausii ✓	60.83	36,498.00
4	tablet	1000 ✓	Betahistine 16mg ✓	34.33	34,330.00
5	suppository	30 ✓	Bisacodyl 5mg ✓	31.83	954.90
6	suppository	100 ✓	Bisacodyl 10mg ✓	29.55	2,955.00
7	nebule	3000 ✓	Budesonide 250mcg/ml, 2ml respiratory solution ✓	54.83	164,490.00



Total Amount Two Hundred Eighty Two Thousand Nine Hundred Twenty Nine Pesos & 86/100 Php 282,929.86

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)
12-04-24
(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: _____