



Republic of the Philippines
PROVINCE OF ISABELA

P.A. NO: 2887
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. : 24-12-00201
Date : December 23, 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	ampule	200	Bupivacaine+ Dextrose 0.5%+8%, 4ml solution for injection	454.83	90,966.00
2	tablet	200	Carvedilol 6.25mg	4.83	966.00
3	tablet	100	Carvedilol 25mg	7.10	710.00
4	capsule	150	Cefazolin 1g powder for injection	214.83	32,224.50
5	tablet	300	Cefixime 200mg	29.83	8,949.00
6	vial	600	Ceftazidime 1g powder for injection	135.79	81,474.00
7	tablet	500	Cefuroxime 500mg	37.37	18,685.00



Total Amount Two Hundred Thirty Three Thousand Nine Hundred Seventy Four Pesos & 50/100 Php 233,974.50

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)
12-23-24
(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: _____