



Republic of the Philippines
PROVINCE OF ISABELA

PURCHASE ORDER

GCMED CORP.

P.O. No. : 25-02 - 00006 C

Date : February 14, 2025

Legend Mansion Condominium, 212 San Juan St., Brgy. 37, 1300 Pasay City NCR,

men:

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

Place of Delivery : PGSO (San Mariano Community 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	tablet	700	Betahistine 16mg	34.33	24,031.00
2	tablet	500	Montelukast + Levocetirizine 10mg/5mg	36.50	18,250.00
3	tablet	300	Cetirizine 10mg	4.33	1,299.00
4	nebule	500	Budesonide 250mcg/ml, 2ml	54.83	27,415.00
5	vial	600	Hydrocortisone 100mg	69.82	41,892.00
6	tablet	300	Acetylcysteine 600mg	27.54	8,262.00
7	ampule	200	Gentamycin 40mg/ml, 2ml	14.71	2,942.00
8	bottle	60	Lactulose 3.3g/5ml, 120ml syrup	209.83	12,589.80
9	vial	600	Metronidazole 500mg	56.82	34,092.00
10	vial	200	Omeprazole 40mg	334.81	66,962.00
11	tablet	500	Clonidine 75mcg	16.32	8,160.00
12	tablet	300	Atorvastatin 40mg	16.83	5,049.00
13	tablet	700	Ascorbic Acid 500mg	3.83	2,681.00
14	tube	20	Mupirocin Cream 2%, 15g	149.81	2,996.20
Total Amount			Two Hundred Fifty Six Thousand Six Hundred Twenty One Pesos & 00/100		Php 256,621.00



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,

RODOLFO T. ALBANO III
Governor

Conforme:

GCMED CORP.

(Signature over printed Name)

2-17-25

(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: _____