Republic of the Philippines
PROVINCE OF ISABELA

PURCHASE ORDER

GCMED CORP.

P.O. No. : 25-01-00002B
Date : January 27, 2025

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

demen:

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

lace 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	ampule	300	Gentamycin 40mg/ml, 2ml	14.71	4,413.00
2	vial	500	Omeprazole 40mg	334.81	167,405.00
3	tablet	500	Clonidine 75mcg	16.32	8,160.00
4	ampule	500	Hyoscine N-Butyl Bromide 20mg/ml, 1ml	34.83	17,415.00
5	ampule	500	Furosemide 10mg/ml, 2ml	19.82	9,910.00
6	vial	500	Hydrocortisone 100mg	69.82	34,910.00
7	ampule	700	Paracetamol 300mg/2ml	20.94	14,658.00
8	vial	500	Ampicillin 1g	35.04	17,520.00
9	ampule	600	Metoclopra,ide 5mg/2ml	28.83	17,298.00
10	ampule	100	Dexamethasone 4mg/ml, 2ml	38.15	3,815.00
11	ampule	300	Diphenhydramine 50mg/ml	96.83	29,049.00

PROVINCIAL GENERAL SERVICES OFFICE
RECEIVED
BY: Ann
DATE: 1-27-25

Total Amount	*Three Hundred Twenty Four Thousand Five Hundred Fifty Three Pesos & 00/100*	Php	324,553.00

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)

1-30-25
(Date)

In case of negotiated purchase pursuant to Section 369 (a) of RA 7160, this portion must be accomplished).
Approved per Sanggunian Resolution No.: _____

Date: _____