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Republic of the Philippines
PROVINCE OF ISABELA

PURCHASE ORDER

Order : **GCMED CORP.**

P.O. No. : **25-02-00010**

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

Date : **February 25, 2025**

Gentlemen:

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	ampule	800	ATS 1500IU	99.34	79,472.00
2	bottle	72	Ascorbic Acid 100mg/5ml	39.32	2,831.04
3	bottle	40	Cetirizine 2.5mg	65.39	2,615.60
4	bottle	72	Cetirizine 5mg	78.30	5,637.60
5	vial	500	Omeprazole 40	334.81	167,405.00
6	nebule	1500	Salbutamol 2mg/ml, 2.5ml respiratory solution	10.83	16,245.00
7	vial	300	Tetanus Toxoid 40IU, 0.5ml	99.83	29,949.00
8	ampule	200	Tranexamic Acid 100mg/ml, 5ml	129.83	25,966.00
Total Amount		Three Hundred Thirty Thousand One Hundred Twenty One Pesos & 24/100			Ph₱ 330,121.24

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:

Rica Mae Orpacio
GCMED CORP.

(Signature over printed Name)

21/28/25
(Date)

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