



Republic of the Philippines
PROVINCE OF ISABELA
PURCHASE ORDER

Supplier : Gcmed Pharmaceutical Distributor

P.O. No. : 21-01-M0026A

Address : Lot 2 Blk 19, Villa Christine Royale, San Miguel, Pasig City

Date : July 28, 2021

Gentlemen:

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

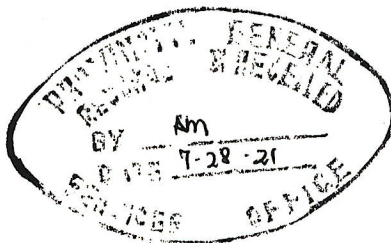
Place of Delivery : PGSO

Delivery Term: Charge

Date of Delivery : seven (7) days after receipt of P.O.

Payment Term: Check

Item No.	Unit	Quantity	Description	Unit Cost	Amount
1	tablet	200	Clonidine HCl 75mg	57.99	11,598.00
2	tablet	200	Dexamethasone	24.98	4,996.00
3	vial	50	Dexamethasone 4mg/2ml	57.00	2,850.00
4	vial	100	Hydrocortisone 100mg	148.99	14,899.00
5	amp	200	Ketorolac 30mg/ml	91.99	18,398.00
6	cap	200	FESO4 500mg	2.75	2,750.00
7	cap	1000	Mefenamic Acid 500mg	10.79	10,790.00
8	vial	100	Benzyl Penicillin 1 million	26.49	2,649.00
9	amp	200	Tetanus Toxoid	79.00	15,800.00
10	amp	200	Tramadol	46.98	9,396.00
11	vial	200	Ceftriaxone 1g	379.99	75,998.00



Total Amount

One Hundred Seventy Thousand One Hundred Twenty Four Pesos 00/100

Php 170,124.00

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
Provincial Governor

Conforme:

Gcmed Pharmaceutical Distributor

Signature over printed Name

8-2-21

(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: