Republic of the Philippines
PROVINCE OF ISABELA

PURCHASE ORDER

Supplier : *Gcmed Pharmaceutical Distributor*
Address : *Lot 2 Blk 19, Villa Christine Royalle, San Miguel, Pasig City*

P.O. No. : 21-07-M0086A
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	1000	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**

PROVINCIAL GENERAL SERVICES OFFICE RECEIVED BY AM DATE 7-28-21

In case of failu lure 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 P. ALBANO III
Provincial Governor

Conforme:
for 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: _____