P.O No & AK

RA NO: 2229
D:
B:

Republic of the Philippines
PROVINCE OF ISABELA

PURCHASE ORDER

Gcmed Pharmaceutical Distributor	P.O. No. : 21-10-40139
ess : Lot 2 Blk 19, Villa Christine Royalle, San Miguel, Pasig City	Date : October 26, 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	vial	700	Ceftriaxone 1g vial	379.99	265,993.00
2	vial	500	Omeprazole 40mg/ml vial	477.97	238,985.00
3	nebule	500	Budesonide nebule	121.98	60,990.00
4	nebule	500	Salbiutamol + Ipratropium nebule	34.95	17,475.00
5	vial	300	Dexamethasone vial	57.00	17,100.00
6	amp	300	Vitamin B complex amp	64.50	19,350.00
7	amp	300	Gentamycin amp	38.99	11,697.00
8	pcs	30	Gentamycin eye drops	193.98	5,819.40

PROVINCIAL GENERAL SERVICES
RECEIVED
BY Ann
DATE 10-26-21

Total Amount	***Six Hundred Thirty Seven Thousand Four Hundred Nine Pesos 40/100***	**Php**	**637,409.40**

In case of fail 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 T. ALBANO III
Provincial Governor

Conforme:

for Cabeca
Gcmed Pharmaceutical Distributor
Signature over printed Name

(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: _____