



Republic of the Philippines
PROVINCE OF ISABELA
PURCHASE ORDER

P.A. NO. 2329

D:

E:

Gcmed Pharmaceutical Distributor

P.O. No.: 21-10-40139

Address: Lot 2 Blk 19, Villa Christine Royale, 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

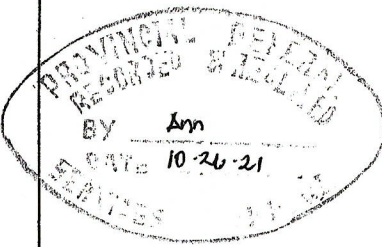
Delivery Term:

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

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,

Conforme:

for CMC

Gcmed Pharmaceutical Distributor

Signature over printed Name

(Date)


RODOLFO T. ALBANO III
Provincial Governor

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: _____