

GENSAN MEDICAL CENTERPrint Date: 12/17/2025
Print Time: 12:45:15PM

Purok Veterans, Brgy Calumpang, National Highway, General Santos City, 9500

Contact No: (083) 887-9898

E-mail Address: contactus@gensanmed.com

VAT Reg. TIN: 000-072-888-460-VAT

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PURCHASE ORDER

Supplier: PHARMASIA-CUVEST, INCORPORATED

P.O. No. New **4172**Address: 3/F 138 AMORSOLO STREET, SAN LORENZO 1223 CITY OF MAKATI Date : 12/01/2025
NCR, 4TH DISTRICT PHIL.

P.R. No. 23 0002953

TIN: 00-217-588-0000

Payment Terms: MONTHLY

Item No.	QTY	UoM	Description	Last Delivered	Unit Cost	Gross	Discount	Net
3006	200	VIAL	CEFTRIAXONE (XTENDA) as di/sodium salt 1G VIAL	11/19/25	1,050.00	210,000.00	0.00	210,000.00
3217	50	VIAL	HYDROCORTISONE (PHARMACORT) as sodium succinate 100MG VIAL	11/14/25	375.00	18,750.00	0.00	18,750.00
3439	100	VIAL	OMEPRAZOLE (BLOXID) 40MG VIAL	11/14/25	644.00	64,400.00	0.00	64,400.00
						Total Net Cost	293,150.00	
						Less discount	0.00	
						Grand Total	293,150.00	

Words : Two Hundred Ninety-three Thousand One Hundred Fifty Pesos Only

Remarks: BELOW STOCK LEVEL

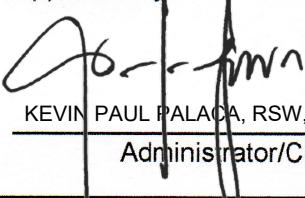
NOTE :

Suppliers are hereby required to validate the P.O. prices stated upon the receipt of this P.O., should there be any changes, an advice should be given to the Purchasing Officer atleast 1 (one) day before the Delivery Date.
For any price changes, otherwise we will follow the prices favorable to Gensan Medical Center

Prepared By:

Mary Charmaine Joree M. Peralta
Logistics and Medication Management
Department Head

Approved By:


12/01/2025
KEVIN PAUL PALACA, RSW, MHCM
Administrator/CEO

" THIS DOCUMENT SHALL BE VALID FOR FIVE (5) YEARS FROM THE DATE OF PERMIT TO USE"
"THIS DOCUMENT IS NOT VALID FOR CLAIM OF INPUT TAX"