



GENSAN MEDICAL CENTER

Print Date:
Print Time:

11/24/2025
3:51:17PM

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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

PURCHASE ORDER

Supplier: PHARMACY EXCESS

P.O. No. New **4092**

Address:

Date 11/24/2025

P.R. No. 23 0002897

TIN:

Payment Terms:

Item No.	QTY	UoM	Description	Last Delivered	Unit Cost	Gross	Discount	Net
3206	15	VIAL	HEPARIN (APRINOL) as sodium salt 25,000IU/5ML VIAL	10/13/25	280.00	4,200.00	0.00	4,200.00
3376	2	BOTTL	MODIFIED FLUID GELATIN (GELOFUSIN) 4% SOLN 500ML BOTTLE	4/15/25	1,300.00	2,600.00	0.00	2,600.00
424	2	VIAL	HEPARIN (UNIHEPA) as sodium salt 25,000IU/5ML VIAL	10/9/25	290.00	580.00	0.00	580.00
Total Net Cost								7,380.00
Less discount								0.00
Grand Total								7,380.00

Words : Seven Thousand Three Hundred Eighty Pesos Only

Remarks: PHARMACY EXCESS

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:

Approved By:


Mary Charmaine Joree M. Peralta

Logistics and Medication Management

Administrator/CEO

Department Head

" 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"