



# GENSAN MEDICAL CENTER

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

Print Date:  
Print Time:

11/21/2025  
11:22:26AM

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## PURCHASE ORDER

Supplier: ZUELLIG PHARMA CORP

P.O. No. New **4082**

Address: DAVAO-AGUSAN NATL. RD., BRGY. PANACAN DAVAO CITY

Date 11/21/2025

P.R. No. 23 0002889

TIN: 000-172-443-0032

Payment Terms: MONTHLY

| Item No. | QTY | UoM     | Description   | Last Delivered | Unit Cost | Gross          | Discount | Net              |
|----------|-----|---------|---|----------------|-----------|----------------|----------|------------------|
| 3102     | 20  | AMPO LE | DEXKETOPROFEN (KETESSE)* as Trometamol 25MG/ML, 2ML AMPOULE | 11/18/25       | 578.75    | 11,575.00      | 0.00     | 11,575.00        |
|          |     |         |   |                |           | Total Net Cost |          | 11,575.00        |
|          |     |         |   |                |           | Less discount  |          | 0.00             |
|          |     |         |   |                |           | Grand Total    |          | <b>11,575.00</b> |

Words : Eleven Thousand Five Hundred Seventy-five Pesos Only

Remarks:

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

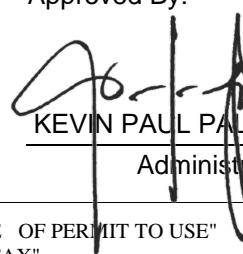
Prepared By:

Mary Charmaine Joree M. Peralta

Logistics and Medication Management

Department Head

Approved By:

  
11/24/2025  
KEVIN PAUL PALACA, RSW, MCHM

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"