

City Government of Baguio

Purchase Order

POSTING

Supplier: ZYMED MEDICAL DISTRIBUTOR Address: Blk A, Lot 9, Irisville Subdivision, Upper Irisan, Baguio City E-mail Address: dhux67@gmail.com Telephone No.: 442-08-30/0908-8953-914 TIN: VAT 154-219-519-000	P.O No.: 1147 Date: 10/20/2021 Mode of Procurement: Small Value Procurement 1226
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Gentlemen: **Please furnish this office the following articles subject to the terms and conditions contained herein.**

Place of Delivery: **City General Services Office: Baguio City**

Delivery Term: 20 Calendar Days

Date of Delivery: Please input delivery date

Payment Term: Please input payment term

Receipt of Purchase Order

Item	QTY	Unit	Description	Unit Cost	Amount
1	1	Lot	MEDICINE SUPPLIES c/o DRRM	113,775.00	113,775.00
	5000	tablet	Medicine Expense - Co-Amoxiclav (Amoxicillin + Potassium Clavulanate) 500 mg + 125 mg Tablet - Axalav 8824 c/o DRRM	8.50	42,500.00
	1000	capsule	Medicine Expense - Nifedipine 10 mg Capsule - Calcigard 8824 c/o DRRM	3.44	3,440.00
	325	piece	Medicine Expense - Salbutamol 100 mcg/dose x 200 doses Metered Dose Inhaler - Salbumin 8824 c/o DRRM	95.00	30,875.00
	1000	tablet	Medicine Expense - Tranexamic Acid 500 mg Tablet - Hemostap 8824 c/o DRRM	6.50	6,500.00
	1000	tablet	Medicine Expense - Valsartan 80 mg Tablet - Valvex 8824 c/o DRRM	10.50	10,500.00
	499	bottle	Medicine Expense - Zinc 70 mg/5 mL (Equiv. 10 mg Elemental Zinc), 60 mL Syrup - Enerzinc 8824 c/o DRRM	40.00	19,960.00
			Note:	GRAND TOTAL	113,775.00

(Total Amount In Words) **One hundred Thirteen Thousand Seven hundred Seventy Five Pesos and 00/100**

In case of Failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one (1) percent for every day of delay shall be imposed

This is to certify that I have
TERMS and CONDITIONS as contained at the
back of this Purchase Order and I concur with all
 Conforme:

Very Truly yours

BENJAMIN B. MAGALONG
 CITY MAYOR

Signature over printed name of Supplier

ANDREW C. DELACRUZ JR

Date 10/27/21