

City Government of Baguio  
**Purchase Order**

POSTING

Supplier: <b>ZYMED MEDICAL DISTRIBUTOR</b> Address: <b>NPC Subdivision, Upper Irian, Baguio City</b> E-mail Address: Telephone No.: <b>442-08-30/0908-88953-914</b> TIN:	P.O No.:1975 Date: 9/15/2020  Mode of Procurement: Small Value Procurement 1335
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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: 15 Calendar Days

Date of Delivery: Please input delivery date

Payment Term: Please input payment term

**Receipt of Purchase Order**

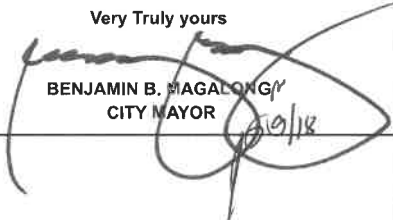
Item	QTY	Unit	Description	Unit Cost	Amount
1	1	Lot	AScorbic acid c/o DRRM	669,770.40	669,770.40
	15552	bottle	- Ascorbic Acid (Vitamin C) 100 mg/5ml, Syrup 120ml - myrevit-c 17196 c/o DRRM	27.95	434,678.40
	1644	box	- Ascorbic Acid 500mg Tablet, 100s/box - supra-c 17196 c/o DRRM	143.00	235,092.00
				<b>GRAND TOTAL</b>	<b>669,770.40</b>

(Total Amount In Words) **Six hundred Sixty Nine Thousand Seven hundred Seventy Pesos and 40/100**

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

**ANDRES C. PAVUSIN JR**

Date **9-21-2020**