

City Government of Baguio

Purchase Order

PASTING

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.: 608
 Date: 8/16/2021
 Mode of Procurement: Small Value Procurement
 751

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	Anti Rabies c/o HSO		
	45	vial	Rabies Immunoglobulin (Equine) - 200IU/ml, 5ml (DOH Approved) - Equirab 45 c/o HSO	278,750.00	278,750.00
	100	vial	Vaccine, Anti-Rabbies, Vero Cell (Purified) - 2.5 IU/mL 0.5 mL Vial + Diluent - Verorab 100 c/o HSO	1,750.00	78,750.00
			Note:	2,000.00	200,000.00
				GRAND TOTAL	278,750.00

(Total Amount In Words)

Two hundred Seventy Eight Thousand Seven hundred Fifty 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

RICARDO L. HICDAO JR.

Date **8/19/21**