

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.:610 Date: 8/17/2021 Mode of Procurement: Negotiated Procurement 67
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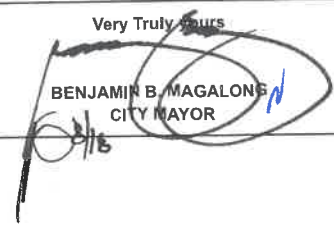
Gentlemen: **Please furnish this office the following articles subject to the terms and conditions contained herein.**
 Place of Delivery: **City General Services Office: Baguio City**
 Delivery Term: 20 Calendar Days
 Date of Delivery: Please input delivery date
 Payment Term: Please input payment term
Receipt of Purchase Order

Item	QTY	Unit	Description	Unit Cost	Amount
1	1	Lot	Medical Oxygen REgulators etc c/o DRRM	1,654,000.00	1,654,000.00
	100	piece	Oxygen Nasal Cannula - Adult, Single Use - Top Care 1100 c/o DRRM	120.00	12,000.00
	400	piece	Oxygen Nasal Cannula - High Flow Oxygen Nasal Cannula, Large - Reswell HFNC 1100 c/o DRRM	1,850.00	740,000.00
	400	piece	Oxygen Nasal Cannula - High Flow Oxygen Nasal Cannula, Medium - Reswell HFNC 1100 c/o DRRM	1,850.00	740,000.00
	100	piece	Oxygen Nasal Cannula - Pedia, Single Use - Top Care 1100 c/o DRRM	120.00	12,000.00
	100	set	Oxygen Regulator - Components: Flow meter, Pressure Gauge, Pressure Reducing, G 5/8-G7/8-CGA540, Gas Filter Unit Inside, Pressure Reducing Plunger System, Relief Value, Flow meter Buoy, Flow Switch Dump Iron, Dump Iron, O model Circle, Gas Pipe Dump Iron, Relief Value, Gasket, Oxygen Hole, A bind Nut, Moisture Bottle, Gas Pipe, Water line, Filter - China 1100 c/o DRRM	1,500.00	150,000.00
			Note:	GRAND TOTAL	1,654,000.00

(Total Amount In Words) **One Million Six hundred Fifty Four Thousand 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
 Conforms:

Very Truly Yours

BENJAMIN B. MAGALONA
 CITY MAYOR

Signature over printed name of Supplier

 Date **8-25-21**