



PR No. _____ Date: September 2, 2020
 Department: **Catigbian District Hospital** Date: _____
 Section: **Animal Bite and Treatment Center** ALOBS No. _____ Date: _____

Item No.	Quantity	Unit of Issue	Item Description	Estimated Unit Cost	Estimated Cost
1	100	vials	Anti - Rabies Serum 200 I.U./MI, 5ml/vial	1,800.00	180,000.00
2	100	vials	Purified Embryo Cell Culture Vaccine 2.5 I.U. of Antigen, 1.0 ml/vial	1,600.00	160,000.00
TOTAL:					340,000.00

Purchased by: Lot.
 Delivery Time: Seven (7) days after receipt of P.O.
 Place Delivery: Catigbian District Hospital

J.R/P.R.# 2020-404 RECEIVED BY: _____ DATE: 11/5/2020
PROVINCIAL PROCUREMENT MANAGEMENT UNIT
 PB# _____ NC# 2020-715 DC# _____ SC# _____ RSC# _____
 AMOUNT: 340,000.00 OK AS TO APP. _____

PROVINCIAL BUDGET OFFICE
 PROVINCE OF BOHOL
 CONTROL NO. 1247 REC'D BY: _____ DATE: 9/14/20
 ENTRY MARK NO. 2714 VALID UNTIL: 12-31-20
 EXPENSE CODE 442205 ID2 03070 AMOUNT 340,000.-
 FUN SOURCE 012 JK JK DATE: 9/18/20
PETER P. SORIANO, JR.
 BMO

Purpose: For the use of the Animal Bite and Treatment Center

Requested by: _____ Signature: _____
 Cash Availability: _____ APPROVAL: _____
 Printed Name: **ESTERLITA A. TUBAL, M.D.** **EUSTAQUIO A. SOCORIN** **ATTY. ARTHUR C. YAP**
 Designation: Chief of Hospital I Provincial Treasurer Governor

By Authority:
ATTY. KATHYRIN FE D. PIOQUINTO
 Provincial Administrator

PROVINCIAL ADMINISTRATOR
KATHYRIN FE D. PIOQUINTO

Unit Cost
100.00
100.00
100.00
(11/3)

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Project