

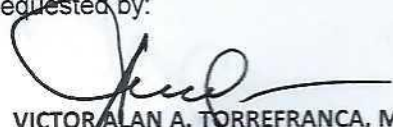
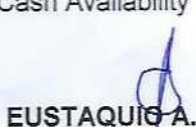
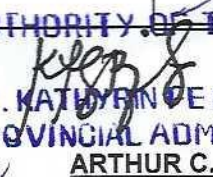
PURCHASE REQUEST
Province of Bohol

Department: PHO FDMH-INABANGA Section: FDMH-Inabanga	PR No. _____ SAI No. _____ Obr No. _____	Date <u>02/01/2021</u> Date _____ Date _____
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Item No.	Quantity	Units of issue	Item Description	Estimated Unit Cost	Estimated Cost
1	3	boxes	Cholesterol total FS 5X25	4,100.00	12,300.00
2	2	boxes	Cholesterol HDL Direct fs 5x25ml	26,500.00	53,000.00
3	2	boxes	Creatinine FS R1 5x80ml R21X100ml	9,750.00	19,500.00
4	3	boxes	Glucose GOD FS 5X25ml	3,900.00	11,700.00
5	3	boxes	Triglycerides FS 5X25ml	7,275.00	21,825.00
6	2	boxes	Urea BUN R1 4X20ml R2 1X20ml	4,000.00	8,000.00
7	2	kits	ALT/GPT FS Diasys package size: R1 5X20ml+R2 1X25ml	8,000.00	16,000.00
8	3	boxes	Uric Acid FS TBHBA R1 4X20ml R2 1X20ml	4,000.00	12,000.00
9	1	vial	Chemistry control sera N Package size:6x5ml	10,000.00	10,000.00
10	1	bottle	Rayto concentrated cleanser 100ml	10,000.00	10,000.00
<div style="border: 1px solid black; padding: 5px; transform: rotate(-2deg);"> <p>2021-026 RECEIVED BY: <u>[Signature]</u> DATE: <u>21/01/21</u></p> <p>PROVINCIAL BUDGET OFFICE MANAGEMENT UNIT</p> <p>AMOUNT: <u>174,325.00</u> OK AS TO APP. RSC # _____</p> </div>					

PURPOSE: for the use at laboratory department in screening lab test for OPD and inpatient.

Note
 *Place of delivery: Francisco Dagohoy Municipal Hospital- Inabanga, Bohol
 *Time of delivery: 15 days upon receipt of NTP
 *Mode of Procurement: Alternative mode of procurement

Signature Printed name Designation	Requested by:  VICTOR ALAN A. TORREFRANCA, MD,MPA OIC-Chief of Hospital	Cash Availability  EUSTAQUIO A. SOCORIN Provincial Treasurer	TOTAL <u>174,325.00</u> BY AUTHORITY OF THE GOVERNOR  ATTY. KATHRYN D. PIQUINT PROVINCIAL ADMINISTRATOR ARTHUR C. YAP Governor
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ok to sign

PROVINCIAL BUDGET OFFICE
PROVINCE OF BOHOL

CONTROL NO. 131 REC'D BY. [Signature] DATE: 2/1/21

MARK NO. 10274 VALID UNTIL: 12/31/21

EXPENSE CODE 50203010 AMOUNT 174,325.00

2020-040 SOURCE: DMA CONTROL DATE: 2/1/21

PETER ROSS M. RETUAL, CPA