

PURCHASE REQUEST

F. pu. 1001-195

PHD-2021-033

2/17/21

Department: CNCMH-Loon Hospital	PR NO: 2021-10-013	Date: 03-Feb-21
	SAI NO: AMOUNT: ₱ 149,999.80	Date:
Section:	ObR No:	Date:

Item No.	Quantity	Units of Issue	Item Description	Estimated Unit Cost	Estimated Cost
1.	1	unit	Microwave Oven 28L, max power input : 1500W, Oven Capacity: 1.0 cubic ft/28L control method: tact + dial, display type: LED, power source: 230V/50T/2 dimension: 517x297x428 mm	10,000.00	10,000.00
2.	1	unit	Blenderizer, heavy duty 2.0L 2.0L glass jug, 1500Watt power, 2800 rpm, pres set/auto stop, variable speed control with LED light indicator, break resistant 2000cc	6,000.00	6,000.00
3.	1	unit	Chest freezer, solid top, 20 cubic feet dual function (freezer/chiller), two door/ steel door, 18.5W ft/524L	25,000.00	25,000.00
4.	1	unit	Refrigerator, 2 doors, bottom freezer, no frost capacity: 20.7 cubic feet/3 degrees c prime fresh freezing with quick mode and aluminum plate) doule moisture control filters/ fresh freezing with double aluminum plate, door material: glass, jumbo freezer, energy saving inverter, 2 layer veggie case	42,500.00	42,500.00
5.	1	unit	Water dispenser, hot and cold heavy duty, depth: 374 mm, height: 1040 mm, width: 310 mm	8,000.00	8,000.00
6.	1	unit	Large stove burner heavy duty, cast iron, gas stove burner, manual ignition= 3 tubes, conventional pressure gas, size = 180 x 470 x 65mm	10,000.00	10,000.00
7.	1	unit	Medium stove burner heavy duty, manual ignition medium =2tubes, conventional pressure gas, body= cast iron	6,000.00	6,000.00
8.	3	unit	Refrigerator, 2 doors heavy duty, 3.5 cubic ft two-door direct cool, energy efficient, space saver. big freezer space, light bulb in ref section, manual defrost, wire shelf, 80 watts	14,166.60	42,499.80
TOTAL					149,999.80

Purpose: Hospital use

SUR: Capital Outlay - Other Machineriés and Equipment 507 05 990

Condition:

Place of delivery: -CNCMH, Loon, Bohol

Time of delivery: 5 days after issuance of P.O

Mode of Procurement: Public Bidding

BY AUTHORITY OF THE GOVERNOR

Requested by:	Cash Availability:
Signature: <i>[Signature]</i>	Approved: <i>[Signature]</i>
Printed Name: MA. CYRILDA B. TALLO, MD	ATTY. KATHY NEE D. PIOQUINTO
Designation: Chief of Hospital	Provincial Administrator
	ATTY. ARTHUR C. YAP
	Governor

CONTROL NO. 154 RECD BY DATE: 2/9/21

REMARK NO. 0332 VALID UNTIL 12/31/21

EXPENSE CODE 30105990 AMOUNT 149,999.80

2020-040 CONTROLLED BY DATE 2/9/21

PETER BOSSM RETUY ALEPA

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