

Department : CNCMH-Loon Health : PH No. 740-C Date: 7/14/21  
 Section : Pharmacy-Drugs and Medicines SAI No. : \_\_\_\_\_ Date: \_\_\_\_\_  
 ALOBS No. : \_\_\_\_\_ Date: \_\_\_\_\_

Item No.	Quantity	Unit of Issue	ITEM DESCRIPTION	Estimated Unit Cost	Estimated Cost
1	100	vial	Ampicillin Na 250mg powder for injection	24.20	2,420.00
2	300	tab	Azithromycin 500mg	77.00	23,100.00
3	100	ampule	Epinephrine 1mg/ml solution for injection	83.60	8,360.00
4	50	ampule	Furosemide 20mg/ml sol'n for inj	26.40	1,320.00
5	50	vial	Hydrocortisone 250mg powder for injection	66.00	3,300.00
6	500	tablet	Losartan 50mg	2.64	1,320.00
7	100	ampule	Paracetamol 150mg/ml, 2ml sol'n for injection	22.00	2,200.00
8	1,500	ampule	Tetanus Toxoid solution for injection	88.00	132,000.00
<b>TOTAL</b>					<b>174,020.00</b>

JR/P.R.# 2021-191 RECEIVED BY: *[Signature]* DATE: 7/14/21  
 PROVINCIAL PHARMACEUTICAL MANAGEMENT UNIT  
 NC-P110-21-154  
 EP # \_\_\_\_\_ SC # \_\_\_\_\_ RSC # \_\_\_\_\_  
 AMOUNT ₱ 174,020.00

Note: Expiry Date is at least two (2) years upon date of delivery...

**CERTIFICATION:** I hereby certify that the above requested drugs and medicines are in conformity with Philippine National Drug Formulary (PNDF)

*[Signature]*  
**ZOE IDA PEREZ DALDE, RPh.**  
 Pharmacist II

**Purpose:** For immediate need/use of CNCMH Pharmacy

BY AUTHORITY OF THE GOVERNOR

Signature:	Requested by: <i>[Signature]</i>	Cash Availability: <i>[Signature]</i>	Also signed by: <i>[Signature]</i>
Printed Name:	<b>MA. CYRILDA B. TALLO, M.D.</b>	<b>EUSTACIO SOCORIN</b>	<b>ATTY. KATHRYN F. D. PIOQUINTO</b>
Designation:	Chief of Hospital	Provincial Treasurer	PROVINCIAL ADMINISTRATOR ARTHUR C. YAP Governor

**PROVINCIAL BUDGET OFFICE**  
 PROVINCE OF BOMBO  
 CONTROL NO. 1902 REC'D BY: *[Signature]* DATE: 7/8/21  
 REMARK NO. 1687 VALID UNTIL 12/31/21  
 EXPENSE CODE 50203090 AMOUNT 174,020.00  
 FUND SOURCE Gf CONTROLLED BY DATE 7/8/21  
**PETER FRESM. RETUALOPE**  
 BMO