



PURCHASE REQUEST
Province of Bohol



Department: PHO- BPDACC PR. No. Date: Phor 0719 - 201
 SAI No. Date: 06/25/2021
 Section: OBR No. Date:

Item No.	Quantity	Unit of Issue	SAI No.	Estimated Unit Cost	Estimated Cost
1	4005	vial	Recombinant Human Erythropoietin (Epoiten Alfa), 4000 IU/0.4ml, Pre-filled syringe	554.00	2,218,770.00
<div data-bbox="470 784 1136 1164" data-label="Text"> <p>PROVINCIAL BUDGET OFFICE PROVINCE OF BOHOL CONTROL NO. <u>922</u> RECEIVED DATE: <u>7/10/21</u> REMARK NO. <u>731</u> VALID UNTIL: <u>12/31/2021</u> EXPENSE CODE <u>49954/502000</u> AMOUNT <u>2,218,770.00</u> SOURCE OF FUNDS <u>2010-400</u> DATE <u>7/21/21</u> PETERNESS M. GUTALEPA BMO</p> </div> <div data-bbox="479 1265 1088 1344" data-label="Text"> <p>Checked by: <u>49954 - 0020070</u></p> </div> <div data-bbox="600 1310 1445 1523" data-label="Text"> <p><u>PHO-201-195</u> RECEIVED BY: <u>[Signature]</u> DATE: <u>7/23/21</u> PROVINCIAL PROCUREMENT & MANAGEMENT UNIT PB # <u>046</u> NC # _____ DC # _____ SC # _____ RSC # _____ AMOUNT: <u>2,218,770.00</u></p> </div> <div data-bbox="422 1500 1153 1612" data-label="Text"> <p>Time of delivery: 10 days upon receipt of NTP Place of Delivery: Bohol Provincial Diagnostic & Ambulatory Care Center Mode of procurement: Public Bidding</p> </div>					
TOTAL					PhP2,218,770.00

Purpose: for the use of Bohol Provincial Diagnostic and Ambulatory Care Center (formerly BMCI) BY AUTHORITY OF THE GOVERNOR.

Requested by:	Cash Availability	Approved by:
Signature: <u>[Signature]</u>	Signature: <u>[Signature]</u>	Signature: <u>[Signature]</u>
Printed Name: FRUSERMA MARY A. UY, MD MPA Designation: <i>Medical Specialist IV</i>	Printed Name: EUSTAQUIO A. SOCORIN Designation: <i>Provincial Treasurer</i>	Printed Name: ATTY. KATHYRINE D. PIQUINTO Designation: <i>PROVINCIAL ADMINISTRATOR</i> ARTHUR C. YAP Designation: <i>Governor</i>