APPENDIX "F"

PURCHASE REQUEST

Province of Bohol

Department: Teodoro B. Galagar District Hosp	PR No.	Date: 07/23/2021
	SAI No.	Date:
Section: Pharmacy	Ob.R. No.	Date:

Item No.	Quantity	Unit of Issue	Item Description	Estimated Unit Cost	Estimated Cost
1	100	boxes	NSS 1L, 12's	1,074.00	107,400.00
2	100	vials	Ampicillin 250mg	22.00	2,200.00
3	50	amp.	Atropine 1mg/ml ampule	25.00	1,250.00
4	50	amp.	Calcium Gluconate 100mg/ml 10%	178.00	8,900.00
5	100	vials	Cefazolin 1g vial	43.00	4,300.00
6	2,000	vial	Cefuroxime 750mg vial	44.00	88,000.00
7	100	amp.	Dexamethasone 8mg ampule	95.00	9,500.00
8	50	amp.	Digoxin 250mcg/ml ampule	200.00	10,000.00
9	100	pc.	Enoxaparine 40mg	590.00	59,000.00
10	5	boxes	Metronidazole 500mg I.V., 80's	2,400.00	12,000.00
11	25	pc.	Salbutamol 100mcg Inhaler	239.00	5,975.00
12	1,000	vials	Sterile water for injection, 50ml	42.00	42,000.00
			xxx Charge to Account Code 50203070 xxx		
			1. Delivery: 15 working days after receipt of P.O.		
			2. Deliver to TBGDH, Jagna, Bohol		
			3. Mode of Award: By Lot		
			4. The supplier disclosed the brand and/or manufacturer		
			5. Expiration date: Minimum 2yrs. Expiration period		
			TOTAL.....	4,952.00	350,525.00

PROVINCIAL BUDGET OFFICE
PROVINCE OF BOHOL
CONTROL NO. 1001 REC'D BY: DATE 7/26/21
CARMARK NO. 1906 VALID UNTIL 12/31/21
442203
EXPENSE CODE 50203070 AMOUNT 350,525.00
2020-040
SOURCE GP CONTROLLER DATE 7/26/21
PETER PDES M RETUTAL, CPA

Purpose: Fluids and medicines needed at Pharmacy for use at WARD/ER/OR/DR/OPD.

Certification:

This is to certify that the Medicines purchase are found in the PNDF.

AZEL A. ABREA, RPH
Pharmacist

AUTHORITY OF THE GOVERNOR
ATTY. KATHY ANTHONY D. PIOQUINTO
PROVINCIAL ADMINISTRATOR

Signature	Requested by:	Cash Availability:	
Printed Name	LINA R. CERO, MD, MPA	EUSTAQUIO A. SOCORIN	ATTY. ARTHUR C. YAP
Designation	Chief of Hospital	Provincial Treasurer	Provincial Governor