



PURCHASE REQUEST  
 Province of Bohol



Department: Bohol Provincial Diagnostic & Ambulatory Care Center	PR. No: SAI No. OBR No.	Date: 8/10/2021 Date: Date:
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Item No.	Quantity	Unit of Issue	SAI No.	Estimated Unit Cost	Estimated Cost
1	1	UNIT	HEMA MACHINE BC-5180 AUTO HEMATOLOGY ANALYZER, 5 PARTS, 27 PARAMETERS, A SCATTERED RAM, 3 HISTOGRAMS, *20ul SAMPLING VOLUME BLOOD, *UP TP 60 SAMPLES PER HOUR * 2 SAMPLING MODE AUTO LOADER ANS CLOSED TUBES * 2 COUNTING MODES, WHOLE BLOOD AND PREDILUTED *AUTOMATIC FLAG FOR ABNORMAL SAMPLES *400 SAMPLE RECORD STORAGE * SUPPORT SELECTED MICROTAINER TUBES *WITH BACK UP UNIT UPON INSTALLATION OF THE NEWW MACHINE	1,800,000.00	1,800,000.00
<b>TOTAL</b>					PhP1,800,000.00

P.A.D. - 2021-004  
 R/P.R.# 304 RECEIVED BY: [Signature] DATE: 9/17/21  
**PROVINCIAL PROCUREMENT MANAGEMENT UNIT**  
 A-2021-004  
 PB# 004 NC# DC# SC# RSC#  
 AMOUNT: ₱ 1,800,000.00  
 CONTROL NO. 1261 RECD BY [Signature] DATE 9/16/21  
 MARK NO. 2402 / 12/31/2021  
 EXPENSE GUIDE 19994 / 10725/10 ₱ 1,800,000  
 2020-0406  
 PETER S. [Signature]  
 Time of delivery: 30 days upon receipt of NTP  
 Place of Delivery: Bohol Provincial Diagnostic & Ambulatory Care Center  
 Mode of procurement: PUBLIC BIDDING

Purpose:  
 for the use of Bohol Provincial Diagnostic and Ambulatory Care Center (formerly BMCI)

Requested by: [Signature]	Cash Availability [Signature]	Approved by:
Signature: [Signature] Printed Name: FRUSERMA MARY A. UY, MD MPA Designation: Provincial Health Officer II	Signature: [Signature] Printed Name: EUSTAQUIO A. SOCORIN Designation: Provincial Treasurer	Signature: [Signature] Printed Name: ARTHUR C. YAP Designation: Governor
Signature: [Signature] Printed Name: CESAR TOMAS M. LOPEZ Designation: OIC - Provincial Health Office	Signature: [Signature] Printed Name: ATTY. JOSE MARIE N. POBLETE Designation: DULY AUTHORIZED REPRESENTATIVE	

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