



PURCHASE REQUEST
Province of Bohol



PH-2021-352

RECEIVED BY: *[Signature]* DATE: 9/19/2021

8/26/2021

Department: Bohol Provincial
Diagnostic & Ambulatory Care Center

PR. No: **PROVINCIAL PROCUREMENT MANAGEMENT UNIT**
SAI No: *A-2021-041*
OBR No: *# 289,000.00*

Date: *9/19/2021*
Date: *9/19/2021*
Date: *9/19/2021*

Section:

Item No.	Quantity	Unit of Issue	SAI No.	Estimated Unit Cost	Estimated Cost
1	50	BOXES	GLOVES EXAMINING, POWDER FREE, SINGLE USE NON-STERILE, AMBIDEXTROUS, FDA APPROVE: SIZE SMALL 100'S	300.00	15,000.00
2	50	BOXES	GLOVES EXAMINING, POWDER FREE, SINGLE USE NON-STERILE, AMBIDEXTROUS, FDA APPROVE: SIZE MEDIUM 100'S	300.00	15,000.00
3	50	BOXES	GLOVES EXAMINING, POWDER FREE, SINGLE USE NON-STERILE, AMBIDEXTROUS, FDA APPROVE: SIZE LARGE 100'S	300.00	15,000.00
4	10	BOXES	GLOVES LATEX EXAMINING, POWDERED, SINGLE USE, 50 PAIRS NON-STERILE, AMBIDEXTROUS, FDA APPROVE: SIZE #8.5 100'S	300.00	3,000.00
5	10	BOXES	GLOVES LATEX EXAMINING, POWDERED, SINGLE USE 50 PAIRS NON-STERILE, AMBIDEXTROUS, FDA APPROVE: SIZE #7 100'S	300.00	3,000.00
6	10	BOXES	GLOVES LATEX EXAMINING, POWDERED, SINGLE USE 50 PAIRS NON-STERILE, AMBIDEXTROUS, FDA APPROVE: SIZE #6 100'S	300.00	3,000.00
7	100	PCS.	PATIENTS GOWN TYPE, ADULT, SIZE LARGE DISPOSABLE	100.00	10,000.00
8	100	PACK	THERMAL PAPER UPP - 110HG (110mmX18mm TYPE V HIGH GLOSSY)	1,550.00	155,000.00
9	100	PCS.	PPE SUIT GOWN TYPE, WASHABLE, MICROFIBER, SHOE COVER ,HEAD CAP, SIZE 50's - LARGE, 50's -MEDIUM	700.00	70,000.00
TOTAL					PhP289,000.00

Time of delivery: 15 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: <i>ok</i>	Cash Availability	Approved by:
Signature: <i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
Printed Name: FRUSERMA MARY A. UY, MD MPA	EUSTAQUIO A. SOCORIN	ARTHUR C. YAP
Designation: <i>Provincial Health Officer II</i>	<i>Provincial Treasurer</i>	<i>Governor</i>
Signature: <i>[Signature]</i>		BY AUTHORITY OF THE GOVERNOR
Printed Name: CESAR TOMAS M. LOPEZ, MD		ATTY. JOSE MARIE N. POB
Designation: <i>OIC - Provincial Health Office</i>		DULY AUTHORIZED REPRESENTATIVE

PROVINCIAL BUDGET OFFICE
PROVINCE OF BOHOL

CONTROL NO. *1329* REC'D BY *[Signature]* DATE *9/19/21*

FORM NO. *25371* VALID UNTIL *12/31/2021*

EXPENSE CODE *49954/50202052* AMOUNT *PhP 289,000*

FUND SOURCE *2010-0400* DATE *9/19/2021*