PURCHASE REQUEST

Province of Bohol

F-PR-2021-1149

...agar District Hosp	PR No. PR-2021-353	Date: 09/01/2021
	SAI No.	Date: 9/29/21
Pharmacy	Ob.R. No.	Date:

AL-2021-072

PROVINCIAL PROCUREMENT MANAGEMENT UNIT

PB# ___ NC# ___ SO# ___ RSC# ___

AMOUNT: ₱1,427,358.00 — OKAS TO APP: ___

Item No.	Quantity	Unit of Issue	Item Description	Estimated Unit Cost	Estimated Cost
1	200	boxes	D5LRS 1L, 12's	1,074.00	214,800.00
2	10	boxes	D5 H20 500ml, 24's	2,148.00	21,480.00
3	200	boxes	LRS 1L, 12's	1,074.00	214,800.00
4	10	boxes	Mannitol I.V. 20% 500ml, 24's	3,384.00	33,840.00
5	250	boxes	NSS 1L, 12's	1,074.00	268,500.00
6	10	boxes	Amlodipine 5mg tab 100's	250.00	2,500.00
7	150	vials	Ampicillin 250 mg	22.00	3,300.00
8	10	boxes	Atorvastatin 20mg tab 100's	2,280.00	22,800.00
9	300	amps	Bupivacaine 0.5% heavy	690.00	207,000.00
10	15	boxes	Cardevilol 6.25mg 30's	150.00	2,250.00
11	1,000	vials	Cefuroxime 750mg	42.00	42,000.00
12	100	boxes	Cefuroxime 500mg tab 10's	270.00	27,000.00
13	30	boxes	Celecoxib 200mg capsule 100's	1,400.00	42,000.00
14	72	bots	Cetirizine drops 10mg/ml 10ml	60.00	4,320.00
15	72	bots	Cetirizine syrup 60ml	72.00	5,184.00
16	60	vials	Ciprofloxacin 200mg/ml 100ml	60.00	3,600.00
17	100	boxes	Co-amoxiclav 625mg tab 10's	180.00	18,000.00
18	100	amps	Dexamethasone 8mg	95.00	9,500.00
19	100	pcs.	Enoxaparine 600mg	985.00	98,500.00
20	500	amps	Hyoscine 20mg	42.00	21,000.00
21	300	amps	Methylergometrine 200mcg	45.00	13,500.00
22	400	vials	Metronidazole 500mg I.V.	30.00	12,000.00
23	1,000	vials	Omeprazole 40mg I.V	80.00	80,000.00
24	15	boxes	Paracetamol 500mg tab 100's	60.00	900.00
25	72	bots	Paracetamol 100mg drops, 15ml	22.00	1,584.00
26	500	amps	Paracetamol 300mg	20.00	10,000.00
27	10	boxes	Potassium Citrate 10meq tablet 30's	500.00	5,000.00
28	1,000	vials	Sterile water for injection, 50ml	42.00	42,000.00
			TOTAL.....	16,151.00	1,427,358.00

PROVINCIAL BUDGET OFFICE
PROVINCE OF BOHOL
CONTROL NO. 1244 REC'D BY: ___ DATE: 9/7/21
REMARKS NO. 2481 VALID UNTIL: 12/31/21
EXPENSE CODE 50203070 AMOUNT 1,427,358.00
FUND SOURCE GF/CONTROL ___ DATE 9/7/21
PETER FUSSM. BETUTAL, CPA
P. B. M. O

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**

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

rtification:

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

BY AUTHORITY OF THE GOVERNOR:

AZEL A. ABREA, RPh
Pharmacist

	Requested by:	Cash Availability:	Approved by:
ature			ATTY. JOSE MARIE N. POBLETE DULY AUTHORIZED REPRESENTATIVE
ed Name	LINA R. CERO, MD, MPA	EUSTAQUIO A. SOCORIN	ATTY. ARTHUR C. YAP
gnation	Chief of Hospital	Provincial Treasurer	Provincial Governor

APPENDIX "F"