

Place of Delivery: Clarin Community Hospital, Clarin, Bohol		
Date in PR: _____		
Time / Period of Delivery: 15 days upon receipt of approve P.O.		
	TOTAL	298,275.00
Purpose: To purchase MEDICAL SUPPLIES for hospital use.		
Requested by:	Cash Availability:	Approved by:
Signature: <i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
Printed Name: NOEL G. MANALO MD,RN, MPA	EUSTACQUIO SOCORIN	ARTHUR C. YAP
Designation: Chief of Hospital	Provincial Treasurer	Governor

BY AUTHORITY OF THE GOVERNOR:
ATTY. JOSE MARIE N. POBLETE
 DAILY AUTHORIZED REPRESENTATIVE

PROVINCIAL BUREAU OFFICE
 PROVINCE OF BOHOL
 CONTROL NO. 1558 RECORD DATE: 9/21/21
 ENRIQUE NO. 2830 VALID UNTIL 12/31/21
 442206 EXPENSE CODE 50203080 AMOUNT 298,275.00
 2070-040 FUND SOURCE GF CONTROLLER DATE 9/21/21
PETER JESS M. RETUAL CPA
P B M O

T. M. (0.11. 1406
 9/21/21